

Manitoba Health

**Annual Report  
2012-2013**





MINISTER  
OF HEALTH

Room 302  
Legislative Building  
Winnipeg, Manitoba R3C 0V8  
CANADA

His Honour the Honourable Philip S. Lee, C.M., O.M.  
Lieutenant Governor of Manitoba  
Room 235, Legislative Building  
Winnipeg, Manitoba  
R3C 0V8

May It Please Your Honour:

I have the privilege of presenting the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2012/13. The reports, which are published as one document, are required under *The Department of Health Act* and *The Health Services Insurance Act* respectively.

Respectfully submitted,

*Original signed by*

Theresa Oswald  
Minister of Health





**Manitoba**



**Health**

Deputy Minister of Health  
Winnipeg MB R3C 0V8

**Honourable Theresa Oswald  
Minister of Health**

Dear Minister:

I am pleased to present the Annual Report of Manitoba Health (MH) and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2012/13 including our accomplishments which included:

- Maintained service delivery and ensured governance and senior management alignment during amalgamation of eleven regional health authorities into five.
- Conducted public consultation meetings and established an online survey to hear suggestions for increasing community engagement in health care.
- Increased access for Manitobans to health care teams and tools within the Family Doctor for Every Manitoban by 2015 initiative.
- Continued work on the Aging in Place/Long Term Care Strategy.
- Advanced the Cancer Wait Time Strategy entitled, Transforming the Cancer Patient Journey in Manitoba, aiming to reduce time from suspicion of cancer to treatment to less than two months.
- Continued implementation of Releasing Time to Care, an empowerment strategy for nurses and their colleagues to lead changes that make a difference for them and their patients.
- Continued to move forward on the Lean Six Sigma Strategy, a province-wide 5-year training and mentoring strategy for system efficiency and quality improvement.
- Increased the number of physicians and nurses training and practicing in the province.
- Engaged in discussions to facilitate physician participation in RHA joint planning and service delivery.
- Collaborated with Manitoba eHealth surrounding technology improvements to enhance communication and to advance diagnostics in the province.
- Implemented a Drug Programs Information Network data-sharing process with regulatory bodies.
- Implemented Southern Air Ambulance Interfacility Transport Program.
- Opened QuickCare Clinics in Selkirk and St. Boniface.
- Completed the transfer of responsibility for public health inspection services from the City of Winnipeg to the Province of Manitoba and fully implemented their operations.
- Continued to collaborate with Manitoba Agriculture, Farm, and Rural Initiatives in response to recommendations within the Auditor General Office's 2011 Report on Food Safety.
- Supported the purchase and public placement of over 1,000 defibrillators.



- Commenced capital project planning or development on:
  - Magnetic Resonance Imaging (MRI) facilities within Grace Hospital, Dauphin Regional Health Centre, and Selkirk Regional Health Centre;
  - Access Centres in Southwest Winnipeg, Southeast Winnipeg and St. Boniface;
  - Emergency Medical Services (EMS) Stations in Îles des Chene and St. Laurent; and
  - Grace Hospital's Emergency Department.
- Amended, enacted or partially proclaimed seven health-related statutes:
  - *The Defibrillator Public Access Act*
  - *The Protection for Persons in Care Amendment Act*
  - *The Prescription Drugs Cost Assistance Amendment Act* (Prescription Drug Monitoring and Miscellaneous Amendments)
  - *The Regional Health Authorities Amendment Act* (Improved Fiscal Responsibility and Community Involvement)
  - *The Regional Health Authorities Amendment Act* (Accountability and Transparency)
  - *The Tobacco Damages and Health Care Costs Recovery Act*
  - *The Public Health Amendment Act* (Regulating Use of Tanning Equipment)
  - *The Regulated Health Professions Amendment and Personal Health Information Amendment Act*

During 2012/13, Manitoba Health's five divisions worked diligently to achieve desired outcomes during RHA amalgamation. Efforts continue to be made toward priorities to improve access, service delivery, capacity, innovation, sustainability and improving the health status of Manitobans and reducing health disparities.

Manitobans want a sustainable health care system. Together, we continue to benefit from a sound, solid and forward-moving health care system which is fiscally responsible in these economic times. It is my pleasure to thank Manitoba Health's hard-working staff and others across the health care system for their commitment and dedication in making these important achievements possible.

Respectfully submitted,

*Original signed by*

Karen Herd  
Deputy Minister of Health





**Santé**  
Sous-ministre de la Santé  
Winnipeg (Manitoba) R3C 0V8

**Madame Theresa Oswald,  
Ministre de la Santé**

Madame la ministre,

J'ai le privilège de vous présenter le rapport annuel du ministère de la Santé du Manitoba et le rapport annuel du Régime d'assurance-maladie du Manitoba pour l'exercice financier 2012-2013, incluant les réalisations suivantes:

- Poursuite de la prestation de services et de l'harmonisation de la gouvernance et de la haute direction pendant la fusion de onze offices régionaux de la santé (ORS) en cinq.
- Tenue de consultations publiques et établissement d'un sondage en ligne pour obtenir des suggestions sur l'augmentation de la participation de la collectivité dans les soins de santé.
- Accroissement de l'accès des Manitobains et des Manitobaines aux outils et aux équipes de soins de santé dans le cadre de l'initiative permettant à tous les membres de la population du Manitoba d'avoir accès à un médecin de famille d'ici 2015.
- Poursuite des efforts concernant la Stratégie de vieillissement chez soi, une stratégie de soins de longue durée.
- Promotion de la stratégie de réduction des délais d'attente pour le traitement du cancer, intitulée Transforming the Cancer Patient Journey in Manitoba.
- Poursuite de la mise en œuvre de Releasing Time to Care, une stratégie d'habilitation pour les membres du personnel infirmier et leurs collègues visant à engendrer des changements qui feront une différence pour eux et leurs patients.
- Poursuite des efforts pour faire avancer Lean Six Sigma Strategy, une stratégie provinciale de mentorat et de formation de cinq ans axée sur l'efficacité du système et l'amélioration de la qualité.
- Augmentation du nombre de médecins et de membres du personnel infirmier qui sont formés et qui exercent dans la province.
- Participation à des discussions visant à faciliter la participation des médecins quant à la planification et à la prestation communes des services des ORS.
- Collaboration avec Télésanté Manitoba en ce qui concerne les améliorations des technologies visant à améliorer les communications et à faire avancer les diagnostics dans la province.
- Mise en œuvre d'un processus de communication des données du Réseau pharmaceutique informatisé avec des organismes de réglementation.
- Mise en œuvre du Southern Air Ambulance Interfacility Transport Program.
- Ouverture de cliniques express à Selkirk et à Saint-Boniface.
- Achèvement du transfert de responsabilités pour les services d'inspection sanitaires publics de la Ville de Winnipeg à la Province du Manitoba et mise en œuvre complète de leurs activités.
- Collaboration continue avec Agriculture, Alimentation et Initiatives rurales Manitoba en réponse aux recommandations formulées dans le rapport sur la salubrité des aliments de 2011 du Bureau du vérificateur général.
- Soutien accordé à l'achat de plus de 1000 défibrillateurs et à leur installation dans des lieux publics.

- Début de la planification ou du développement des projets d'immobilisation suivants :
  - Appareils d'imagerie par résonance magnétique à l'Hôpital Grace, au centre régional de santé de Dauphin et au centre régional de santé de Selkirk;
  - Centres d'accès dans les quartiers sud-ouest et sud-est de Winnipeg, ainsi qu'à Saint-Boniface;
  - Stations de services médicaux d'urgence à Île-des-Chênes et à St. Laurent;
  - Service des urgences à l'Hôpital Grace.
- Modification, promulgation ou adoption partielle de sept lois concernant la santé :
  - *Loi sur l'accès du public aux défibrillateurs*
  - *Loi modifiant la Loi sur la protection des personnes recevant des soins*
  - *Loi modifiant la Loi sur l'aide à l'achat de médicaments sur ordonnance* (contrôle de certains médicaments couverts et modifications diverses)
  - *Loi modifiant la Loi sur les offices régionaux de la santé* (accroissement de la responsabilité financière et de la participation communautaire)
  - *Loi modifiant la Loi sur les offices régionaux de la santé* (responsabilisation et transparence)
  - *Loi sur le recouvrement du montant des dommages et du coût des soins de santé imputables au tabac*
  - *Loi modifiant la Loi sur la santé publique* (réglementation de l'utilisation des appareils de bronzage)
  - *Loi modifiant la Loi sur les professions de la santé réglementée et Loi modifiant la Loi sur les renseignements médicaux personnels*

Au cours de l'exercice 2012-2013, les cinq divisions de Santé Manitoba ont travaillé sans relâche pour atteindre les objectifs désirés pendant la fusion des ORS. Les efforts se poursuivent pour réaliser les priorités concernant l'amélioration de l'accès, la prestation des services, la capacité, l'innovation, la durabilité, l'amélioration de l'état de santé des Manitobains et Manitobaines ainsi que la réduction des disparités en matière de santé.

Les Manitobains et les Manitobaines désirent un système de soins de santé durable. Ensemble, nous continuons de bénéficier d'un système de soins de santé sain, solide et tourné vers l'avenir, qui est financièrement responsable dans le présent contexte économique. Je remercie le personnel dévoué de Santé Manitoba et les autres intervenants du système de soins de santé de leur engagement et de leur dévouement à rendre possibles ces importantes réalisations.

Je vous prie d'agréer, Madame la ministre, mes salutations les plus respectueuses.

Original signé par

Karen Herd  
Sous-ministre de la Santé





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## **Preface/Introduction**

### **Report Structure**

This Annual Report is organized in accordance with Manitoba Health appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2013. It provides information on Manitoba Health and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to Manitoba Health's strategic direction, actual results, financial performance and variances. A five-year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*. A report on any disclosures of wrongdoing, as directed under *The Public Interest Disclosure (Whistleblower Protection) Act*, has been included in Appendix IV.

### **Role and Mission**

Manitoba Health is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

The stated vision of Manitoba Health is "Healthy Manitobans through an appropriate balance of prevention and care." Manitoba Health leads the way to quality health care built with creativity, compassion, confidence, trust and respect, and plays a leadership role in promoting prevention and positive health practices.

It is the mission of Manitoba Health "to meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time." This mission is accomplished by providing strategic direction and leadership to the provincial health system. This includes defining provincial goals, setting priorities, establishing standards and policies based on evidence and best practice, promoting quality and safety, encouraging innovation, allocating resources within the framework of provincial legislation, and assuring accountability while balancing health service needs with fiscal responsibility. Manitoba Health also manages the insured benefits claims payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare and other health services. Most direct services are delivered through health authorities, and other health care organizations; however, the department manages the direct operations of, for example, the Selkirk Mental Health Centre, Cadham Provincial Laboratory and provincial nursing stations.

## **Report Context**

Manitoba Health administers the most complex and publicly visible social program provided by the Manitoba government. The program is delivered partially by the department and partially through grant agencies, arm's length health authorities, independent physicians, or other service providers paid through fee-for-service or alternate means. It is a complex combination of insured benefits, funded services provided through public institutions ranging from community-based primary care through to tertiary teaching hospitals, and publicly regulated but privately provided services such as proprietary personal care homes.

It is important to consider that many factors affect the health of Manitobans, such as family history, gender, culture, education, employment, income, the environment, coping skills and social support networks. "Health" is not merely the absence of disease. It embraces complete physical, mental and social well-being.

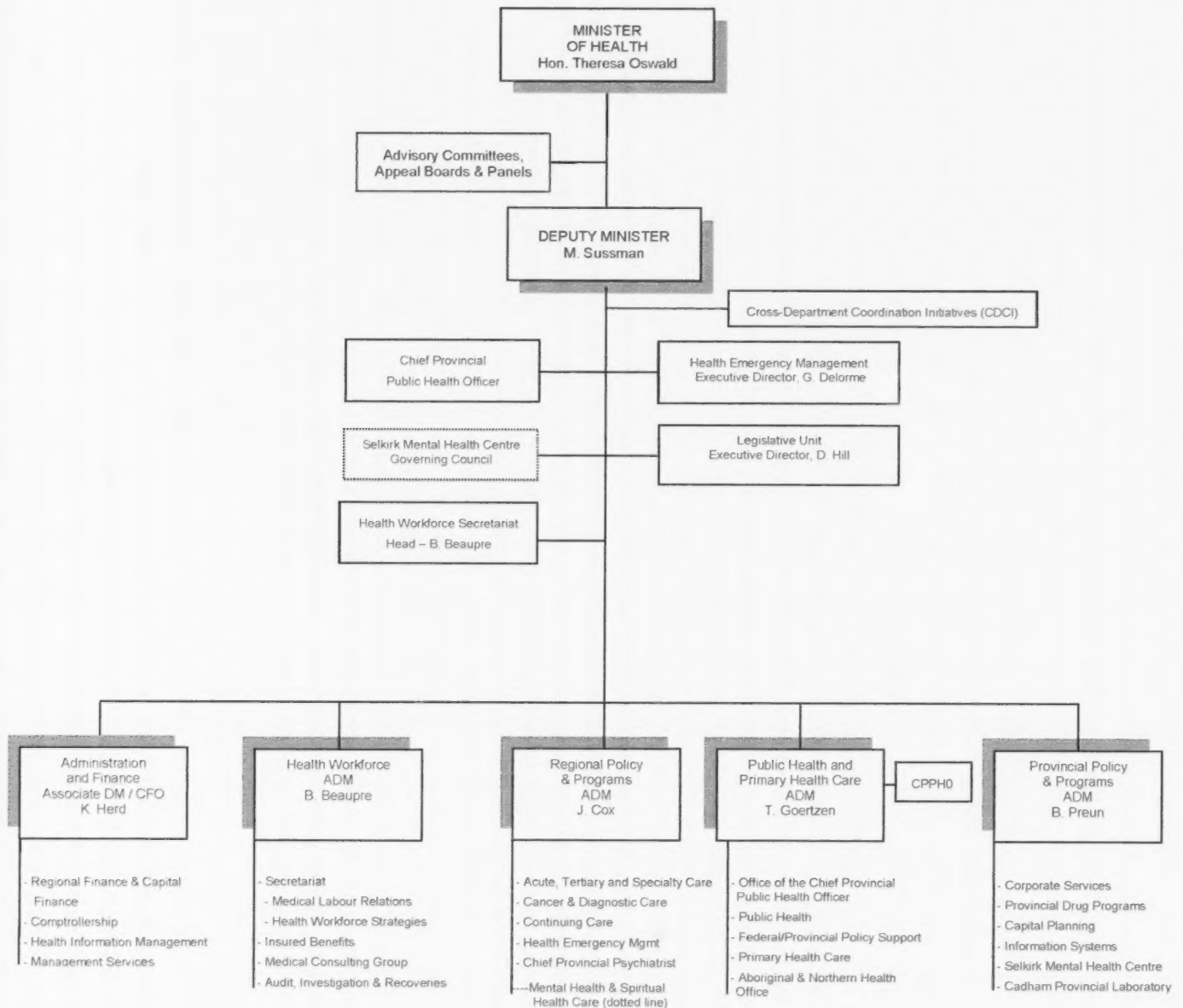
## **Organization**

This annual report is organized in accordance with Manitoba Health appropriation structure, which reflects the organization chart as of March 31, 2013.



# MANITOBA HEALTH ORGANIZATION CHART

Effective March 31, 2013



## Administration and Finance

### Minister's Salary

#### The objectives were:

In accordance with the goals and strategic priorities established by the Premier and Cabinet:

- To provide leadership and policy direction for the renewal of the health system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans.

#### 1(a) Minister's Salary

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	37	1.00	37	-	
Other Expenditures					
<b>Total Sub-Appropriation</b>	<b>37</b>	<b>1.00</b>	<b>37</b>	<b>-</b>	

### Executive Support

#### The objectives were:

- To provide executive support to the Minister of Health in achieving department objectives, through strategic leadership, management, policy development, program determination, and administration of the department and broadly defined health services delivery system.

#### 1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,213	15.00	1,012	201	1
Other Expenditures	102		164	(62)	
<b>Total Sub-Appropriation</b>	<b>1,315</b>	<b>15.00</b>	<b>1,176</b>	<b>139</b>	

Explanation Number:

1. Miscellaneous salary overexpenditures.

## **Finance**

Finance is comprised of the following:

- Comptrollership
- Regional Finance and Capital Finance
- Health Information Management
- Management Services

### **Comptrollership**

**The objectives were:**

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and through monitoring and reporting, the effective and efficient use of those resources in accordance with government priorities.
- To ensure that financial reporting from departmental programs, health authorities and external agencies is efficient, accurate and consistent.
- To ensure an equitable personal care home rate structure and a level of revenue that partially offsets the total cost of long-term care for RHAs, through the management of the assessment and appeal process.

**The expected and actual results for 2012/13 included:**

1. Effective and efficient use of tangible and fiscal resources for departmental programs, health authorities and external agencies consistent with the established priorities of the department and government.
  - Based on Departmental priorities, established guidelines and policies, Manitoba Health was able to effectively and efficiently utilize the tangible and fiscal resources of the department to provide relevant budgets to departmental programs, regional health authorities (RHAs) and external agencies
2. Efficient and accurate preparation of annual planning and reporting documents, ex: Estimates, quarterly financial reports and other financial reports or documents.
  - Estimates, Supplementary Information for Legislative Review, quarterly financial reports, the annual report and other financial reports or documents were prepared in accordance with legislative requirements, Treasury Board and senior management requirements within established deadlines.
3. Efficient, accurate information provided to government on the fiscal status of Manitoba Health.
  - Monthly and quarterly financial reports, the annual report and other financial reports or documents on the fiscal status of Manitoba Health were prepared in a timely manner.
4. Equitable rate structure for the Residential Charge Program.
  - Through management of rate assessment and the review of residential charges policies to provide for a more efficient appeal process for all long term care clients, Manitoba Health was able to provide an equitable rate structure for the residential charges program.

### **Regional Financial Support and Capital Finance**

**The objectives were:**

- To provide support, consultation and analysis to departmental programs, health authorities and agencies to facilitate a common understanding of financial information, legislative and reporting requirements and methodologies.
- To develop and monitor processes that enable Manitoba Health to set expectations and assess financial results of health authorities and other health organizations.
- To provide distribution of funds to health authorities and other health organizations in accordance with departmental priorities and legislation.

- To monitor health authorities' financial and operational results including in-year variance reports and future year Estimates projections.
- To provide support, consultation, analysis and findings to health authorities and agencies for their capital construction and equipment requirements.

**The expected and actual results for 2012/13 included:**

1. Consistent and reliable financial reporting to Manitoba Health from health authorities and other agencies.
  - Received financial monitoring reports, completed financial templates and other reports regarding identification of required deliverables on monthly, quarterly and annual timelines as established by Manitoba Health.
  - Analyzed financial reporting received from health authorities and other agencies for accuracy, consistency and completeness. The information was verified through consultation with various internal and external stakeholders.
  - Reviewed processes continually for efficiencies and improvement opportunities.
2. Efficient, accurate and consistent financial reporting of the Health Services Insurance Fund.
  - Provided accurate and consistent financial reporting of the Health Services Insurance Fund through financial reporting documents in an efficient manner to meet reporting deadlines.
  - Aligned internal processes and timelines with critical reporting deadlines to ensure timely submission of information.
3. Allocation of resources to health authorities and other agencies consistent with established priorities of the department.
  - Reviewed financial requirements of health authorities and other agencies against established priorities of the department in order to allocate resources.
4. Financial expertise and support provided to various departmental projects and initiatives, to health authorities and to other agencies.
  - Provided financial expertise and analysis to various stakeholders, both internal and external.
  - Responded to ad hoc requests on a timely basis from various stakeholders.
  - Provided financial support and consultation to various committees and working groups.
5. Economical financing of both capital construction and equipment purchases.
  - Provided approved funding to health authorities in a timely and accurate manner.
  - Initiated debt repayment on outstanding approved borrowings upon project completion.
  - Managed outstanding debt to minimize cost within a conservative risk portfolio.

## **Health Information Management**

**The objectives were:**

- To ensure the timely collection of financial, statistical and clinical information from the RHAs in accordance with provincial and national reporting requirements.
- To provide data management, reporting, analysis, and interpretation of health information to inform and support the strategic functions of Manitoba Health and the RHAs, including public accountability.
- To co-ordinate and support health research-related activities, and ensure the appropriate use of health information in accordance with privacy legislation.

**The expected and actual results for 2012/13 included:**

- Manitoba Health programs, regional health authorities, researchers, public organizations, and the general public have access to health care information for accountability, operational, planning, evaluation and research needs.
  - Continued development and maintenance of databases to support internal and third-party information requirements, including provision of data to organizations, such as: the Manitoba Centre for Health Policy, CancerCare Manitoba, the Canadian Institute for Health Information and Statistics Canada.

- Facilitated access to data and statistics by providing leadership, information/consultation, support and training within Manitoba Health and the RHAs on a wide variety of health information matters.
  - Participated in provincial and national committees and working groups, including providing leadership to several data quality and health indicator committees.
  - Produced many health system reports, including the Annual Statistics Report, the Population Report, standard reports for the RHAs, weekly and monthly statistical reporting on the Manitoba Health website.
  - Responded to ad hoc data requests from stakeholders and organizations and produced special analyses and briefings for health data and research publications.
  - Provided data and statistical support to various committees.
- 
- Data infrastructure and policies are in place to support the appropriate collection, management, use and disclosure of health information, in accordance with *The Personal Health Information Act*.
    - Developed policies, processes and procedures for the use of data for health research.
    - Implemented data sharing agreements and researcher agreements with key organizations involved in health research.
    - Continued development of the data sharing agreement with the Canadian Institute for Health Information.
- 
- A process to develop a preliminary health system management tool is underway to allow the collection and sharing of key high priority system indicators across RHAs and Manitoba Health.
    - The Regional Health Authority Performance Indicator Portal (RHA PIP) indicator development is well underway and a prototype solution was developed and approved by the project Advisory Committee. Additional work is underway to ensure indicators included leverage existing data collection processes wherever possible
- 
- A secure technical solution is in place to position Physician Integrated Network clinic sites for Electronic Medical Records submission for Quality Based Incentive Funding payments.
    - An assessment of the existing solution identified that it no longer met Manitoba eHealth's standards and work has been identified to build a customized solution that will provide more stability and scalability to the environment.
    - Value added reports have been designed and will be implemented after six consecutive monthly submissions from the clinics has been achieved, to ensure a high level of data quality submissions from the sites.
- 
- A process is in place to manage ongoing extracts of Electronic Medical Record patient activity from physician clinics participating in the Infoway/Manitoba Health Electronic Medical Record Funding Project and to return value-added reports to support data quality and improved patient outcomes.
    - Working collaboratively with Manitoba eHealth, the Branch successfully connected over 30 additional clinics to support submission of the agreed upon data extracts under the Infoway/Manitoba Health Electronic medical Record Funding Project.
- 
- An integrated, coordinated approach by Manitoba Health to health research activities.
    - Provided expert data and administrative support to the health Information Privacy Committee established under PHIA.
    - Provided ongoing coordination and support to the contractual relationship between Manitoba health and the Manitoba Centre for Health Policy, including development of the annual research agenda.
    - Undertook partnership activities related to health services policy research in accordance with the Manitoba Health Research Council.



## Management Services

### The objectives were:

- To lead, facilitate and coordinate key management functions within the department, such as: strategic planning and alignment; risk management; project management support; and organization performance management.
- To provide leadership and coordination for several department processes, such as: preparation of the annual report and Supplementary Information for Legislative Review, responses to ministerial correspondence, briefing material for legislative sessions, and administrative supports for the governance of health-related agencies, board, and committees.

### The expected and actual results included:

1. Improved engagement and capacity for department planning and alignment activities, including risk management and performance management.
  - Led processes and provided strategic coordination to better align work across the department to advance the department's priorities and goals.
  - Provided training, resources and tools to department staff to strengthen capacity in planning, alignment, and performance management.
  - Provided guidelines, resources and tools to enhance risk management planning in the department.
  - Provided consultation on risk management and project management for department initiatives, as requested.
  - Continued to co-lead the Government of Manitoba's Performance Management Community of Practice to develop performance management capacity across departments.
  - Co-ordinated or delivered 32 information sessions for staff to strengthen knowledge and skills on a range of government/corporate processes and knowledge areas.
2. Documentation and processes co-ordinated by the branch meets relevant standards, guidelines, including timelines.
  - Co-ordinated internal department processes for the production and distribution of the department's Annual Report, Supplementary Information for Legislative Review, Ministerial Housebook and Minister's briefing material for the legislative session.
  - Co-ordinated the department's responses to more than 1,000 ministerial letters.
  - Co-ordinated administrative processes for appointments to 36 health-related agencies, boards and committees.

### 1(c) Finance

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	5,926	86.00	5,745	181	
Other Expenditures	1,327		1,407	(80)	
<b>Total Sub-Appropriation</b>	<b>7,253</b>	<b>86.00</b>	<b>7,152</b>	<b>101</b>	

## Central Services

Central Services is comprised of the following:

- Legislative Unit
- Federal/Provincial Policy Support

### Legislative Unit

**The objectives were:**

- To provide leadership, advice and support on the development of legislation to Manitoba Health.

**The expected and actual results for 2012/13 included:**

1. Development and coordination of statutes and regulations that provide a sound legislative base for meeting the mission of the department.

Legislative Proposals:

- There were six health related statutes amended, enacted or partially proclaimed for the fiscal year 2012/2013 (details outlined in Appendix II)
- *The Defibrillator Public Access Act* – Came into force on January 1, 2013.
- *The Prescription Drugs Cost Assistance Amendment Act (Prescription Drug Monitoring and Miscellaneous Amendments)* – Certain provisions of this Act came into force on May 15, 2012.
- *The Protection for Persons in Care Amendment Act* – This Act came into force on March 15, 2013.
- *The Regional Health Authorities Amendment Act* (Improved Fiscal Responsibility and Community Involvement) – Some parts are not yet proclaimed.
- *The Tobacco Damages and Health Care Costs Recovery Act* – Came into force on May 31, 2012.
- *The Public Health Amendment Act* – Came into force on June 2, 2012.

Regulatory Amendments:

- Assisted in the development of required regulation amendments to 24 regulations under various health related legislation (see Appendix II for details).
  - *The Freedom of Information and Protection of Privacy Act* (FIPPA):
  - There were 115 responses to FIPPA requests for information. These numbers are based on a calendar year.
2. Development and implementation of the department's annual legislative agenda in accordance with government processes and timelines.
    - This was met as outlined above.
  3. Accurate and timely information provided to internal and external clients regarding legislation and the legislative process.
    - Accurate and timely information was provided. Among other activities in the area, staff of the Unit provided approximately 28 informational presentations on *The Personal Health Information Act* and FIPPA to organizations and Manitoba Health staff over the course of the year.
  4. Implementation of mobility obligations for the regulated health professions.
    - Worked with regulatory bodies with respect to meeting their labour mobility obligations.

## Federal/Provincial Policy Support

### The objectives were:

- To support and assist the Premier in providing briefing material on health-related items for the Council of the Federation (CoF) meetings and the Western Premiers' meetings.
- To support and assist the Minister of Health, and the Deputy Minister of Health, with all Federal/Provincial/Territorial (FPT), Provincial/Territorial (PT), Western Ministers, and Deputy Ministers of Health meetings.
- To provide leadership, advice and support to the Deputy Minister of Health and the department on federal, inter-provincial, inter-jurisdictional and other issues.

### The expected and actual results for 2012-2013 included:

1. Ensure Manitoba is well represented at PT and FPT Health tables.
  - The Federal Provincial Policy Support unit ensured Manitoba Health's successful participation on the FPT and PT stage to ensure that Manitoba's policy interests were advanced.
2. Prepare and support the Ministers of Health and the Minister of Healthy Living, Youth and Seniors for the HMM, and Western Ministers conferences.
  - The Health Ministers Meeting (HMM) was held in November, 2012. The FPT policy support unit provided strategic advice and briefing material on behalf of Manitoba Health in support of the Ministers.
3. Prepare and support the Deputy Minister of Health and the Deputy Minister of Healthy Living, Youth and Seniors for the Council of Deputy Ministers (CDM), and Western Deputy Ministers Meetings.
  - FPT policy support unit provided ongoing support to the Deputy Ministers on Pan Canadian and national Issues.
  - Manitoba has assumed the lead on the several files and the FPT Policy Support Unit coordinates PT work to move these priorities forward at pan-Canadian and national tables.
4. Ensure the Premier's office is prepared for health and healthy living issues as related to the PT and FPT tables, with a special focus on work directed by the Council of the Federation and work to prepare for the renewal of the 2004 Accord.
  - The FPT policy support unit provided strategic advice and briefing material on behalf of Manitoba Health in support of the Premier and the agenda priorities set by the Council of the Federation.
  - FPT Policy Support leads the pan-Canadian work on the Team Based Modules theme (with New Brunswick) on the CoF Innovation Working Group (HCIWG) Report. FPT Policy Support leads internal work for Manitoba Health on the CoF HCIWG Report.
  - The preparation of a final report and implementation plan for the HCIWG, team-based models, for review by Premiers in the summer of 2013.

### 1(d) Central Services

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,150	13.00	970	180	
Other Expenditures	191		209	(18)	
External Agencies	436		518	(82)	
<b>Total Sub-Appropriation</b>	<b>1,777</b>	<b>13.00</b>	<b>1,697</b>	<b>80</b>	



## Provincial Programs and Services

The Provincial Policy and Programs Division provides leadership and support to internal and external clients of Manitoba Health with a focus on policy, planning, accountability, and support to provincial programs.

### Administration

#### The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of Manitoba Health with a focus on:
  - Information System technology, including Manitoba eHealth;
  - Provincial Drug Programs (PDP), including Drug Management Policy Unit;
  - Capital Planning;
  - Corporate Services, including Web Services, French Language Services (FLS), the Manitoba Health Appeal Board (MHAB), the Mental Health Review Board, and the Protection for Persons in Care Office (PPCO);
  - Cadham Provincial Laboratory Services;
  - Selkirk Mental Health Centre; and,
  - Provincial Blood Programs Office.
- To provide policy direction and operational systems to improve the efficiency of designated Manitoba Health program delivery and as it relates to the broader health system.

#### The expected and actual results for 2012/13 included:

1. Strategic directions consistent with Manitoba Health priorities, with respect to information and communication technology systems, provincially funded drug benefits, the provincial health capital program, the protection of persons in health care facilities and the provincial transfusion medicine service.
  - Established the Home Cancer Drug (HCD) Program in collaboration with CancerCare Manitoba to facilitate Manitobans being treated for cancer having their cancer therapy provided at no cost regardless of whether they are being treated at home or at CancerCare Manitoba facilities. The Home Cancer Drug Program includes approved oral cancer treatment medications and appropriate cancer support drugs, which include anti-nausea medications to counter the difficult side-effects of chemotherapy treatments, and is directly related to approved cancer drug protocols.
  - The five-year strategic capital plan reflects regional service requirements and individual projects are aligned with evidence based information, Canadian Safety Association standards for health care facilities, and technical standards that inform current professional practice.
  - The Corporate Services Branch promoted compliance with *The Protection for Persons in Care Act*, and reviews reports of alleged abuse under the Act through the Protection for Persons in Care Office (PPCO), provides administrative support for health care services appeals and mental health reviews, coordinated FLS for internal and external clients, and managed communication through the Manitoba Health internal and external websites.
  - To manage inquiries and investigations into alleged abuse of patients in designated health care facilities reported to the PPCO in accordance with the legislative requirements of *The Protection for Persons in Care Act* and *The Adult Abuse Registry Act and Regulations*.
  - Provided a consultative, advisory and administrative link in matters relating to FLS.
  - Supported the MHAB in providing an appeal process for the public on certain decisions made under *The Health Services Insurance Act*, *The Emergency Medical Response and Stretcher Transportation Act*, *The Mental Health Act*, and the Hepatitis C Assistance Program and the Manitoba Home Care Program.
  - Promoted and supported establishment of Transfusion Practice Committees (TPCs) province-wide within regional health authorities (RHAs) and in larger hospitals.
  - Transferred ordering and management responsibilities for non-plasma derived products (starches) to RHA procurement entities from Canadian Blood Services (whose mandate is limited to transfusable blood and plasma derived products).
  - Promoted and supported mandate role and responsibility clarification among key stakeholder groups within the provincial transfusion system.

- Lead the development of mechanisms to approve and release products for patient treatment following expert medical consultation and review.
  - Continued system support and troubleshooting for implementation of automated blood bank management information system planned for provincial roll out in 2013/14.
  - Initiated a review of the utilization management agreement (UMA) process, which is required in Manitoba for listing brand and generic drug benefits, managing promotion and appropriate prescribing, measuring health outcomes, and facilitating the utilization of the most cost-effective products.
2. Equitable and appropriate utilization of provincially funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
    - PDP administered the Manitoba Drug Benefits and Interchangeability Formulary. Updates on the amendments to the Formulary were provided in three bulletins that were communicated to the pharmacists and physicians of Manitoba.
    - The listing of new generic drugs on the Formulary enabled Manitobans to access additional lower cost generic medications. The ongoing utilization of generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.
    - Processed 241,149 Pharmacare applications; 76,100 families received Pharmacare benefits.
  3. A capital plan that supports Manitoba Health population health objectives.
    - A five-year strategic capital plan developed to address the clinical services needs for the Province.
  4. Improved laboratory screening program, quality public health laboratory results to practitioners and productive collaborations with stakeholders.
    - Increased and improved screening for sexually transmitted infections and blood borne diseases, respiratory viral disease and newborn screening of metabolic and genetic disease.
    - Improved electronic/facsimile delivery of public health laboratory reports.
    - Broad and successful public health research and service delivery collaborations.
  5. Service delivery at Selkirk Mental Health Centre that reflects the Centre's core values of hope, respect and excellence.
    - Mission to pursue excellence in the provision of specialized inpatient mental health and acquired brain injury treatment and rehabilitation.

**2(a) Administration**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2012/13 \$(000's)</b>	<b>FTE</b>	<b>Estimate 2012/13 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	333	3.00	232	101	
Other Expenditures	75		53	22	
<b>Total Sub-Appropriation</b>	<b>408</b>	<b>3.00</b>	<b>285</b>	<b>123</b>	

## **Information Systems**

Information Systems Branch (ISB) is responsible for providing strategic, tactical and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba Health. The Manitoba eHealth Provincial Program ("Manitoba eHealth") has the responsibility and mandate to provide these same services to the regional health authorities, health care facilities, health care associations and other providers of health care services within Manitoba's health care system. Information Systems continues to provide consultative services and project co-ordination on information systems initiatives involving the department and other government agencies, while Manitoba eHealth coordinates and aligns federal, provincial, health sector, and inter-sector projects.

### **The objectives were:**

- To provide and facilitate strategic information and communication technology (ICT) solutions to support the objectives and priorities of Manitoba Health and the broader health care province-wide information and communication technology system.
- To coordinate and align department ICT projects with the priorities of Manitoba Health.
- To provide and maintain key departmental information systems.
- To facilitate ICT awareness and education for Manitoba Health staff in order to create more knowledgeable ICT consumers.
- To provide leadership, policy direction and advice to Manitoba eHealth and the publicly funded health care sector on health care's ICT strategy and initiatives.

### **The expected and actual results for 2012/13 included:**

1. ICT initiatives are appropriately scoped, resourced and supported to achieve the identified project objectives and the overall strategic objectives of Manitoba Health.
  - Worked with Manitoba Health branches and programs to identify scope and secure approval for department ICT initiatives.
  - Provided consultation and project management services to department initiatives to ensure appropriate resourcing and solution delivery.
  - Worked with Manitoba eHealth and Manitoba Innovation, Energy and Mines – Business Transformation and Technology to secure project implementation and delivery services as required for department initiatives.
  - Together with Business Transformation & Technology, completed the procurement requirements for providing Manitoba's Tobacco Litigation Project Office with the necessary information technology tools and support to assist in achieving its mandate.
2. Electronic data interchange between Manitoba Health, Manitoba eHealth, regional health authorities, health care providers and other government departments and jurisdictions will be effective, secure and appropriate.
  - ISB initiated project planning to upgrade the Secure File Transfer (SFT) infrastructure currently used to perform transferring sensitive data between Health and business partners. This upgrade scheduled for 2013 will introduce improved hardware capabilities (virtualization) and end-user enhancements (self registration).
  - ISB also began informal discussions with eHealth operational staff to investigate common opportunities in the area of SFT. These discussions are ongoing.
3. Upgrades and functional changes to existing systems are completed in a timely fashion, in priority sequence, and in accordance with business rules and requirements.
  - Developed the Unattached Patient Registry (UPR) to support the Family Doctor Connection Program.
  - Completed the development and testing phase of the Drug Programs Information Network (DPIN) Infrastructure Renewal project.
  - Redesigned and relocated the Drug Programs Information Network (DPIN) Disaster Recovery Site to provide improved and highly available DPIN services.
  - Enhanced the Drug Programs Information Network (DPIN) to administer the Home Cancer Drug Program and to provide cancer drugs free of charge for cancer patients.
  - Commenced work on the conversion and interface programs which will be used to transfer data to the new Medical Claims Processing System (CPS).

- Completed the analysis, technical specifications and started the development work for the interfaces from Manitoba Health applications to the new Manitoba Health General Ledger System Application Product (SAP) system.
  - Developed and implemented the Manitoba Health Certified Food Handler Training Program application.
  - Implemented changes to the Manitoba Health Client Registry system to provide health coverage to international students.
  - Completed the development phase of a new Third Party web application to replace the existing legacy system.
  - Continued to upgrade various technology platforms (hardware and software) in support of provincial programs such as the Drug Programs Information Network (DPIN) and Insurance Registry.
  - Made modifications to procedures, policies and appropriate software/hardware in accordance with the findings of the Office of the Auditor General.
  - Continued to work with Selkirk Mental Health Centre (SMHC) in an advisory and support capacity.
  - Continued with support and knowledge transfer activities for the new SAP Medical Claims Processing System.
  - Completed the migration of all regions, except Winnipeg, from MSSP payroll onto their own regional payroll system.
4. Necessary data and information are accessible for department staff to achieve corporate goals and objectives.
- Continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.
  - Continued to coordinate and facilitate the management and expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.
5. Manitoba eHealth ICT solutions and operations support the strategic objectives of Manitoba Health, the regional health authorities and the publicly funded health sector.
- Worked with Manitoba eHealth to appropriately define strategic health ICT objectives and initiatives.
  - Facilitated participation and input into the planning of initiatives led by Manitoba eHealth to ensure the inclusion of Manitoba Health needs and requirements.
  - Secured funding and project approval for major capital ICT investment in Manitoba's health sector, including the Provincial Laboratory Information System – Phase 2 and the regional Pharmacy Information System for Interlake Eastern and Prairie Mountain RHAs.
  - Monitored the progress of major Manitoba eHealth initiatives.

## 2(b) Information Systems

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	4,319	60.20	4,324	(5)	
Other Expenditures	578		933	(355)	
Provincial Program Support Cost	5,377		5,181	196	
<b>Total Sub-Appropriation</b>	<b>10,274</b>	<b>60.20</b>	<b>10,438</b>	<b>(164)</b>	



## **Provincial Drug Programs**

Provincial Drug Programs include Pharmacare, the Palliative Care Drug Access Program, the Home Cancer Drug Program and drug plan benefits for Employment and Income Assistance Program participants and residents of personal care homes.

### **The Professional Services Unit is responsible for:**

- The professional leadership and support for the Manitoba Drug Standards and Therapeutics Committee, a committee of physicians and pharmacists that makes recommendations to the Minister of Health on drugs to be listed in the Manitoba Drug Benefits and Interchangeability (Manitoba Formulary).
- Participation in the Common Drug Review (CDR) that provides expert advice on drugs to participating provincial, territorial and federal drug plans based on rigorous, objective reviews of clinical and cost effectiveness.
- Professional direction for and operation of the Exception Drug Status (EDS) Office that provides approval on an individual basis for drugs that have designated criteria established.
- Administers the Manitoba Formulary.
- Analysis and monitoring of the Drug Programs Information Network data.

### **The Operations Unit is responsible for:**

- Customer focused service to provide current information to the public either by phone, fax, internet, mail or in person.
- Providing helpdesk support and troubleshooting to Manitoba pharmacy providers with their claims adjudications and processing by phone.
- Processing Pharmacare applications and adjudicating claims under Pharmacare, Ancillary Services and the Prosthetic and Orthotics Program.
- Continuous evaluation of work processes to improve effectiveness and efficiency of the program.

### **The objectives were:**

- To manage and administer sustainable drug programs which provide Manitobans with access to eligible drug benefits as prescribed by *The Prescription Drugs Cost Assistance Act*, *The Pharmaceutical Act* and *The Health Services Insurance Act*.

### **The expected and actual results for 2012/13 included:**

1. Access for Manitobans to cost- effective medications.
  - Manitoba Health continues to support the Common Drug Review and the Pan-Canadian Oncology Drug Review, national processes for evidence-based reviews and listing recommendations of new chemical entities and oncology drugs.
  - Provincial Drug Programs administered the Manitoba Formulary. Updates on the amendments to the Manitoba Formulary were provided in three bulletins which were communicated to the pharmacists and physicians of Manitoba.
  - The listing of new generic drugs on the Manitoba Formulary enabled Manitobans to access additional lower cost generic medications. The ongoing utilization of generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.
  - Manitoba Health representatives participated on three advisory committees to the Canadian Agency for Drugs and Technologies in Health. Manitoba Health representatives participated on two advisory committees to the Pan-Canadian Oncology Drug Review. Committee members also facilitated effective jurisdictional sharing of pharmaceutical information.
2. Financial assistance to Manitobans for eligible drug benefits.
  - Provided benefit coverage for Manitobans enrolled in the income-based Pharmacare, the Employment and Income Assistance Program, the Personal Care Home Drug Program, the Home Cancer Drug Program and the Palliative Care Drug Program.
  - Processed 241,149 Pharmacare applications; 76,100 families received Pharmacare benefits.
  - Processed 73,985 requests through the Exception Drug Status Program for approval for drugs which require established criteria are met for access to benefit coverage.
  - Enrolled 935 families in the Deductible Instalment Payment Program for Pharmacare.

- Provided benefits for 42,255 individuals through Ancillary Services and the Prosthetic and Orthotic Program.
  - Established the Home Cancer Drug (HCD) Program in collaboration with CancerCare Manitoba. The Home Cancer Drug Program eliminates the requirement for patients to meet their yearly family Pharmacare deductible when being treated for cancer outside of CancerCare Manitoba facilities. The Home Cancer Drug Program includes approved oral cancer treatment medications and appropriate cancer support drugs, which include anti-nausea medications to counter the difficult side-effects of chemotherapy treatments, and is directly related to approved cancer drug protocols.
  - Since the inception of the HCD program on April 19, 2012 to the end of March 31, 2013, 7,324 patients have benefited from the program.
  - The Provincial Drug Programs Review Committee met on a monthly basis to review requests for benefit coverage for drugs not eligible for Exception Drug Status.
  - The Manitoba Drug Standards and Therapeutics Committee met three times in 2011/12 to review drug submissions and provide recommendations on drug interchangeability and on the therapeutic and economic value of drug benefits.
3. Implementation of strategies to ensure sustainability of provincial drug programs.
- Implemented approvals for benefit coverage through the Exception Drug Status Office for new drugs added to the Manitoba Formulary with criteria for use established through the utilization management agreements (UMA) with manufacturers.
  - Continued reduction of processing times for Pharmacare applications with the weekly validation of income data with Canada Revenue Agency.
  - Continued collaboration with Manitoba Hydro to provide eligible Pharmacare beneficiaries the option to pay their annual Pharmacare deductible in monthly instalments through the Deductible Instalment Payment Program.

#### 2(c) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,215	43.00	2,475	(260)	
Other Expenditures	589		524	65	
<b>Total Sub-Appropriation</b>	<b>2,804</b>	<b>43.00</b>	<b>2,999</b>	<b>(195)</b>	

### Corporate Services

Corporate Services Branch promotes compliance with *The Protection for Persons in Care Act*, and reviews reports of alleged abuse under the Act through the Protection for Persons in Care Office (PPCO), provides administrative support for health care services appeals and mental health reviews, coordinates French language services for internal and external clients, and manages communication through the Manitoba Health internal and external websites.

#### The objectives were:

- To manage inquiries and investigations into alleged abuse of patients in designated health care facilities reported to the (PPCO) in accordance with the legislative requirements of *The Protection for Persons in Care Act*.
- To provide a consultative, advisory and administrative link among regional health authorities, external agencies funded by Manitoba Health, and the public, in matters relating French Language Services (FLS).
- To develop, deliver and maintain all information, online services and applications related to Manitoba Health's public-facing websites.
- To manage departmental compliance with and accommodation activities in support of the Manitoba Policy on Access to Government.
- To support the Manitoba Health Appeal Board in providing an appeal process for the public on certain decisions made under *The Health Services Insurance Act*, *The Emergency Medical Response and*

*Stretcher Transportation Act, The Mental Health Act, and the Hepatitis C Assistance Program and the Home Care Program.*

- To support the provision of a review process through the Mental Health Review Board, for the admission or treatment of a patient in a psychiatric facility as required by *The Mental Health Act*.

**The expected and actual results for 2012/13 included:**

1. Efficient inquiry and investigation by the PPCO of reports of alleged patient abuse.
  - Reports of alleged abuse or neglect are processed through a series of steps: intake, inquiry and investigation. All reports received are reviewed and proceed to investigation if there are reasonable grounds to believe that abuse or neglect occurred. Processes are being reviewed and steps are being implemented to make the handling of reports more efficient and timely, as well as aligned with *The Protection for Persons in Care Act*.
2. Improved awareness by health care facilities and the general public of the process for reporting patient abuse.
  - Continued efforts to provide education and consultation for facilities take place formally and informally. Processes are being developed to enhance communication to ensure facilities and the public are aware of the need to report suspected abuse.
3. The Active Offer Policy in use in all public facing areas of Manitoba Health, with all relevant staff oriented to the policy.
  - All relevant staff in public facing areas of Manitoba Health is oriented to the Active Offer concept. Active Offer is consistently offered via posted signs and via messaging in the phone system
4. Provision of FLS through Manitoba Health, in an accessible and satisfactory manner to the French-speaking public of Manitoba.
  - All public information campaigns are released in both official languages.
  - All new material posted on the Manitoba Health website is available in both official languages.
  - All public access phone lines have a bilingual voicemail menu, as well as available bilingual attendants.
5. Manitoba Health public documents, in paper or electronic format produced in French within five to ten business days.
  - 94% of Manitoba Health public documents are available in French within five to ten business days.
6. Regularly reviewed and updated existing websites and new web-based information developed to provide ongoing support to the department.
  - Provided ongoing website development, promotion and technical support upon request as required.
7. Compliance with Manitoba Health policy on Access to Government.
  - The Disability Access Working Group provided ongoing direction and support to department's compliance with Manitoba Policy on Access to Government for Manitobans with disabilities.
8. The Mental Health Review Board (MHRB) and the Manitoba Health Appeal Board (MHAB) hold hearings and render decisions in a timely manner.
  - MHRB processed a total of 220 review hearing applications. Timely, fair and impartial hearings were provided for 47 review hearings by application and 20 automatic review hearings for a total of 67 review hearings. Hearings were held within 21 days as required by *The Mental Health Act*. Decisions were rendered independently by the MHRB and rationale was provided to all parties following each hearing.
  - MHAB held fair and independent hearings and made impartial decisions in a timely manner. The MHAB processed 105 Notices of Appeal and held 76 hearings. The hearings were for the following types of appeals:
    - 46 Authorized Charges
    - 23 Insured Benefits
    - 6 Home Care Decisions
    - 1 Personal Care Home Placement

**2(d) Corporate Services**

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,285	19.00	1,252	33	
Other Expenditures	636		742	(106)	
External Agencies	255		255	-	
<b>Total Sub-Appropriation</b>	<b>2,176</b>	<b>19.00</b>	<b>2,249</b>	<b>(73)</b>	

**Capital Planning**

Capital Planning provides planning and management expertise and capital financing for the construction and maintenance of hospitals, personal care homes and other health facilities.

**The objectives were:**

- To oversee development and implementation of the provincial health capital program, and advise government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

**The expected and actual results for 2012/13 included:**

1. A capital plan that supports the department's population health objectives.
  - A five-year strategic capital plan has been developed to address the clinical services needs for the province.
2. Health capital projects which are defined and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
  - The five-year strategic capital plan reflects Department objectives and priorities and regional service requirements. Individual projects are aligned with evidence based information, CSA standards for health care facilities, and technical standards that inform current professional practice.
  - The *2005 Planning Guide for Personal Care Homes in Manitoba* has been updated and revised and was completed in 2012/13.
3. Transparent and equitable application of policies related to business practices, construction, department funding and community cost sharing.
  - The selection and procurement of consultant services policy was updated. This policy applies to all work funded by Manitoba Health Capital Finance.
  - The policy on bidding and award of construction tenders for all capital projects funded by Manitoba Health Capital Finance was updated. A competitive, fair and transparent process is described in the policy which applies to all projects in excess of \$25,000. The policy is applicable to all regional health authorities within Manitoba.
4. Efficient and accurate information on the capital program, forecasting in the areas of infrastructure maintenance requirements and emerging program models, and development of appropriate program and policy options.
  - Program information and cost data on all approved and constructed major capital projects, as well as on annual maintenance and repair projects is updated annually.
5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
  - All 2012/13 major capital projects align with the Provincial Green Building Policy for Government of Manitoba Funded Projects. The policy has been applied to site selection, design, new construction and renovation projects. Power Smart™, LEED®, or Green Globes™ rating systems are employed to validate achieving the requirements of these programs.
  - New emergency medical services facilities have incorporated "ground source energy" systems to conserve energy and reduce operating costs.



- Fundamental and enhanced building and systems commissioning is a fundamental part of all capital projects. This process ensures achievement of the owner's long-term operating expense and sustainability goals.

**Capital Projects completed during the 2012/2013 fiscal year:**

**Acute Care:**

- WRHA – Crisis Response Centre – This new centre provides a central point of access for people experiencing mental health crises, 7 days a week/24 hours a day including walk-in care.
- WRHA – New Women's Hospital – Excavation and foundation completed.
- Interlake-Eastern RHA – Selkirk Regional Health Centre – Excavation and foundation completed

**Primary Care:**

- WRHA – Bluebird Lodge – This project is the construction of a satellite health care centre of the Nor'west Co-op Community Health Centre to provide a primary care team that will include a doctor and nurse practitioners, offering diagnosis, treatment, follow-up, referral, consultation and education.
- WRHA – ACCESS Nor'West – Tenant improvements offer 26,675 square feet of space to support the provision of primary health care, community mental-health care and counseling, public health, foot care, community outreach, employment and income assistance, vocational rehabilitation and a daycare.

**Capital Projects under construction or continued construction during the 2012/13 fiscal year:**

**Acute Care:**

- Northern RHA – Easterville (Chemawawin Cree Nation) – 4 unit housing complex for nurses and itinerant physicians is under construction.
- Southern RHA – Ste. Anne Hospital – The expansion and renovation project will increase the hospital's square footage by 60 per cent. New facilities will include two rooms for surgeries, one room for diagnostic procedures, a dedicated and adjoining post-anesthesia care unit, a suite of medical device reprocessing rooms for cleaning and sterilizing of all reusable hospital items, a family room, staff change rooms and new electrical and mechanical space. Another one-third of the hospital will undergo renovation including the existing operating rooms, which will be renovated and converted to provide 5,800 square feet of additional staff support areas.
- Southern RHA – Steinbach – Bethesda Hospital – This project involves the redevelopment and expansion of the emergency department. The redevelopment will see an expansion of 45,000 square feet and 24 additional patient treatment and examination spaces including an expanded emergency department with new private admitting and triage areas, a mental-health examination room and a new observation unit. The expansion project also includes the addition of a new dedicated special-care unit.
- WRHA – New Women's Hospital at Health Sciences Centre – will be a state-of-the-art facility that will support moms, babies and their families through childbirth as well as serve as a centre of excellence for women's health, offering surgical and consultation services for women of all ages.
- WRHA – Diagnostic Imaging Facility – Construction of a new diagnostic centre of excellence at the Health Sciences Centre. The new, seven storey, 91,000 square foot centre will be linked to the Children's Hospital, the Ann Thomas Building and the new Women's Hospital. This will provide additional diagnostic imaging capacity.
- WRHA – Health Sciences Centre – Emergency Room Redevelopment – will provide emergency health care services and upgrade the emergency department
- WRHA – Health Sciences Centre – Second Energy Centre – will provide capacity to service the emergency power and cooling needs of the new Women's Hospital, the new Mental Health Crisis Response Centre, the Kleysen Institute for Advanced Medicine (KIAM), CancerCare Manitoba (CCMB) redundancy requirements, and University of Manitoba (U of M).
- WRHA – Misericordia Health Centre – will house the Eye Care Centre of Excellence, the Diagnostic Centre and the PRIME program (Program of Integrated Managed-care of the Elderly).
- WRHA – Seven Oaks General Hospital – will add 8 haemodialysis stations and will support 48 patients.

**Primary Care:**

- WRHA – ACCESS St. James – The new ACCESS centre in West Winnipeg is over 63,747 sq. ft. and will provide a wide range of services and professional staff including doctors, nurses, nurse practitioners, home care workers, mental health workers, dietitians, pharmacists, social workers and other staff support for seniors, supported living, employment and income assistance, housing and child care including daycare.

#### Safety and Security:

- In addition to the major projects completed and initiated, approximately 177 Safety and Security/maintenance projects were approved throughout the province.

#### 2(e) Capital Planning

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	701	11.00	874	(173)	
Other Expenditures	162		207	(45)	
<b>Total Sub-Appropriation</b>	<b>863</b>	<b>11.00</b>	<b>1,081</b>	<b>(218)</b>	

#### Drug Management Policy Unit

The Drug Management Policy Unit was established to provide prospective, integrated and long-term strategic policy and planning capacity on emerging drug management and utilization issues.

#### The objectives were:

- To provide provincial drug management expertise and strategic policy and planning leadership to facilitate the provision of integrated, coordinated, cost-efficient, effective, equitable, and sustainable publicly funded drug benefits across the continuum of care in Manitoba.

#### The expected and actual results for 2012/13 included:

1. Management of pharmaceutical expenditures to ensure sustainable and equitable publicly funded drug benefits.
  - The Pan-Canadian Competitive Value Price Initiative for Generic Drugs established a price point for six of the most common generic drugs at 18 per cent of the equivalent brand name drug. As a participant in the program, Manitoba projects that the annual savings to Pharmacare from the selected generic products are estimated at approximately \$3.26M. Annual estimated savings for all Manitobans from the lower drug costs are projected at \$9.19M.
  - Actual Pharmacare drug costs for 2012/13 were 14.1% lower than 2011/12 actuals and were 8.0% below the 2012/13 budgeted amount.
  - As noted in the Canadian Institute for Health Information report – Drug Expenditure in Canada 1985 to 2012 report, Manitoba, at 42.9%, is ranked fifth highest among the provinces in relation to the percentage of prescription drug expenditures financed by the public sector.
2. Development and implementation of integrated, evidence based drug use management policies and initiatives to facilitate appropriate utilization for prescription drug benefits and ensure sustainable and equitable publicly funded drug benefits.
  - The Drug Management Policy Unit (DMPU) has completed the execution of the Pharmacy Agreement to all current community pharmacies in Manitoba with the distribution and signing of over 380 agreements. The Pharmacy Agreement is intended to ensure appropriate accountability for public funds paid to pharmacy owners and sets out the terms and conditions under which pharmacy owners are granted access to Manitoba Health's Drug Program Information Network.
  - The DMPU coordinated the launch of the "Home Cancer Drug Program" a program for Manitobans diagnosed with cancer that allows access to eligible outpatient oral cancer and specific supportive drugs at no cost to the patient. The process included creating a policy which established who is eligible for the Home Cancer Drug (HCD) Program and which cancer drugs and specific supportive drugs are available to Eligible Patients in the HCD Program.
  - The DMPU has finalized the "Scheduled Bulletins" Policy which established a timeline for the process for issuing a Bulletin and outlines the responsibilities of parties who contribute to the

addition of a drug product to a Formulary with the end result being improved patient access to cost-effective pharmaceutical therapies.

- To facilitate the appropriate prescribing of narcotics, benzodiazepines, and other controlled drug products, in 2012-13, the DMPU coordinated the introduction of the Opiate Monitoring Intervention Program, and the establishment of an external, expert drug and therapeutics advisory committee called the Manitoba Monitored Drug Review Committee.
  - The DMPU coordinated the implementation of the Manitoba Pediatric Insulin Pump (MPIP) Program for Manitoba youth under the age of 18 years with Type 1 Diabetes, which was announced April 12, 2012. Through a funding agreement, access to insulin pumps is provided by the Winnipeg Regional Health Authority, Child Health Program Diabetes Education Resource for Children and Adolescents. In addition, The MPIP Policy was created to provide a framework for administration of the MPIP Program.
  - In 2012/13, an additional 220 utilization management agreements (UMAs) were completed with product suppliers.
  - Due to the innovative nature of the Manitoba IMPRxOVE (Improving Medication Prescribing and Outcomes via Medical Education) Program, a first in Canada initiative that is expected to improve the safety and health outcomes for Manitobans receiving mental health medications, Manitoba Health committed to measuring the anticipated improvements in patient health status and/or cost impacts to the health system. The Manitoba Centre for Health Policy has been engaged to complete an evaluation of the impact of the Manitoba IMPRxOVE Programs as one of its deliverables.
3. Ongoing establishment of forums and opportunities for collaboration among providers, prescribers, patients and industry to advance positive health outcomes.
- Manitoba became an active participant in the Pan-Canadian pricing alliance and worked towards expanding the number of brand name drugs considered as well as working together with other jurisdictions to develop a Pan-Canadian approach to obtain better value for generic drugs. The Pan-Canadian approach capitalizes on the combined purchasing power of public drug plans across multiple jurisdictions, and is expected to lead to lower drug costs, increased access to drug treatment options and increased consistency of product listing decisions across participating jurisdictions.
  - Manitoba Health has consulted extensively, both internally and with external partners, especially the College of Physicians and Surgeons of Manitoba and the Manitoba Pharmaceutical Association on the establishment of an external, expert drug and therapeutics advisory committee called the Manitoba Monitored Drug Review Committee (MMDRC). The first meeting of the MMDRC was held on February 1, 2013.

## 2(f) Drug Management Policy Unit

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	565	9.00	804	(239)	
Other Expenditures	1,771		178	1,593	1
External Agencies	41		95	(54)	
<b>Total Sub-Appropriation</b>	<b>2,377</b>	<b>9.00</b>	<b>1,077</b>	<b>1,300</b>	

Explanation Number:

1. Primarily due to research expenditures offset by general revenues

## Cadham Provincial Laboratory Services

Cadham Provincial Laboratory (CPL) is Manitoba's public health laboratory and provides specialized laboratory services related to screening for communicable disease control programs, outbreak support for public health and infection control practitioners, newborn screening for metabolic, endocrine and genetic disorders, specialized testing in bacteriology, parasitology and virology, and consultation, education and research related to all of the above.

### The objectives were:

- To provide public health laboratory services that contribute to strategic population health improvements.
- To distribute quality information that improves disease detection and control to practitioners and stakeholders.
- To work openly with stakeholders to develop productive collaborations in public health practice, education and research.
- To improve laboratory productivity and plan for future technological/scientific needs.

### The expected and actual results for 2012/13 included:

1. Increased uptake for recommended screening programs.
  - Screening for Human immunodeficiency virus (HIV) increased by 1.5% and syphilis screening increased by 4%.
  - Screening for chlamydia and gonorrhea increased by 1.2%
  - Several initiatives were undertaken to improve the performance of newborn screening, thereby reducing the need for repeat specimen collection. A project to assess the utility of screening for severe combined immunodeficiency syndrome (SCID) in Manitoba was approved and initiated.
2. Improve response to outbreak investigations, thereby increasing detection of preventable disease.
  - Routine analysis of respiratory outbreaks using multiplex methodology has dramatically increased putative pathogen identification by more than thirty percent.
3. Inclusion of population demographic monitoring in strategic planning.
  - Statistics Canada smoking data were applied in planning for chemistry screening programs. Some assays are affected by a patient's smoking status.
  - The number of pregnancies annually has been increasing, and those with advanced-age (>35 year) continues to increase as well. This shifts the dynamic of screening programs used in pregnancy.
4. Inclusion of broader representation of stakeholders and practitioners in public health laboratory advisory and review forums.
  - Researchers and ethicists are now being included in advisory committee proceedings.
5. Contribute to the development or refinement of public health protocols, plans and disease control strategies.
  - Several provincial-level public health protocols were updated this year with assistance from CPL, including protocols such as: Seasonal and Avian Influenza, *Cyclospora*, Dengue Virus, encephalitis, fish tapeworm, botulism, vancomycin-resistant *Enterococcus* (VRE), Hepatitis D, and Anthrax.
  - The weekly report of respiratory viruses continued to be generated for key stakeholders, and was expanded to include less common community viruses.
6. Externally-funded research will be conducted with collaborators
  - Five (5) externally-funded research projects with a total approximate annual value of \$478.0 were conducted.
  - Productive collaborations with investigators from the following organizations were performed: University of Manitoba, University of Winnipeg, National Microbiology Laboratory, Public Health Agency of Canada, Winnipeg Regional Health Authority, BC Centre for Disease Control, Region 4 Collaborative Group, CancerCare Manitoba, Winnipeg Children's Hospital, Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS), Circumpolar Health Group,



IMPACT (Canadian Pediatric Society), University of Antioquia (Colombia), Mathematics of Information Technology and Complex Systems (MITACS), Public Health Ontario, Canadian Public Health Laboratory Network, National HIV and Retrovirology Laboratories, Canadian Pediatric AIDS Research Group, Kenyatta University, University of Guelph, Diagnostic Services Manitoba (DSM)

- Eleven (11) peer-reviewed publications were published in 2012 based on such collaborations.
7. Improved reporting efficiency through refinement of information services delivered through the Laboratory Information Management System (LIMS).
- CPL information linked to a personal health information number (PHIN) began to stream onto eChart Manitoba, and is now electronically available to practitioners throughout the province.
  - Federal Nursing Stations now included on the CPL LIMS fax service results in faster results for remote Manitoba communities.

#### 2(g) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	8,239	96.48	7,640	599	
Other Expenditures	7,401		8,356	(955)	1
<b>Total Sub-Appropriation</b>	<b>15,640</b>		<b>15,996</b>	<b>(356)</b>	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures

### Selkirk Mental Health Centre

Selkirk Mental Health Centre (SMHC) is a provincial mental health facility mandated to provide specialized mental health and acquired brain injury inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met elsewhere in the health care system.

SMHC also has a formal agreement with the Government of Nunavut to provide inpatient services to residents of Nunavut experiencing acute mental illness.

Treatment and rehabilitation services in all programs are provided by multidisciplinary teams. SMHC specializes in five inpatient treatment programs:

- Acute Program (53 beds which includes 10 Intensive Rehabilitation beds)
- Rehabilitation Program (86 beds and 8 community transitional residence beds)
- Geriatric Program (75 beds)
- Forensic Program (18 beds)
- Acquired Brain Injury Program (20 beds and 5 community transitional residence beds)

#### The objectives were:

- To provide specialized inpatient mental health and acquired brain injury treatment and rehabilitation to residents of Manitoba whose challenging needs cannot be met elsewhere in the provincial health care system. Services are provided through five recovery-focused programs: Acute, Geriatric, Rehabilitation, Forensic and Acquired Brain Injury.

#### The expected and actual results for 2012/13 included:

1. Role Statement identifies the programs and services that SMHC should provide into the future within the broader mental health system.
  - Work continues on the development of the Role Statement. A Steering Committee and Work Group have been established to outline the stakeholder consultation process and environmental scan requirements for best practice, emerging trends, and new treatments/therapies.

2. Reduced wait times by working strategically with partners to improve communication and coordination between service providers.
  - Partnerships strengthened with regional health authorities to identify barriers for admission/discharge and discuss Alternate Level of Care (ALC) patients using SMHC beds. Wait times have increased due to delayed discharges from lack of appropriate housing and community supports.
3. Stakeholders are knowledgeable about SMHC's environment, programs and services, and admission and discharge processes.
  - Process established which identified need for information about SMHC in the regions. Several tours were facilitated for stakeholders to help them understand SMHC's environment and its dormitory bed limitations.
4. Seclusion Reduction Strategy reduces incidents of seclusion at SMHC.
  - Program position descriptions updated to include SMHC's philosophy of a least restraint environment. Interview questions created for new staff during recruitment. Orientation process updated to include review of least restraint environment and policies on seclusion and restraint. Training sessions held for all staff on how to reduce seclusion and restraint use. Quality & Risk Management auditing incidents to ensure seclusion was used as a last resort for safety.
5. Trained SMHC staff and community partners on Dialectical Behaviour Therapy (DBT).
  - DBT training sessions for SMHC staff and participating regional health authorities have been completed. SMHC's Intensive Rehab (Area 3) has been established as main DBT area, with Forensic Rehab (Areas 14 & 15) and High Risk Acute (Area 12) having modified versions of DBT being implemented for those patient populations. Mindfulness group sessions will be implemented centre-wide due to a positive response from patients.
6. New Violence Prevention in the Workplace Policy reduces staff injuries.
  - Violence Prevention in the Workplace Policy implemented and information distributed to all staff.
7. Performance measurement tools, like Balanced Scorecards, engage staff at all levels of the organization to improve efficiencies and effectiveness.
  - Work continues in the development of Balanced Scorecards and other performance management tools that will be shared with staff.
8. Lean Six-Sigma is used as a quality improvement strategy and staff are trained Improvement Facilitators.
  - SMHC produced its first Green Belt quality improvement leader.
  - The first quality improvement project, which focused on inventory management on one patient care area in the Geriatric Program, not only resulted in a more organized stock room but reduced patient care supply orders by 33% over the previous year.
9. Sick leave and overtime costs are reduced through an Attendance Management Program.
  - SMHC created its own Attendance Management Program and later adopted the Civil Service Commission's Attendance Management Program once it was complete.
  - Managers continue to work with staff to reduce their sick leave usage. Overtime hours were reduced in all areas except Programs who experienced a staffing shortage in 2012/13.
  - Sick leave usage was reduced in all areas except Programs who continue to struggle as a result of high levels of overtime, which has an impact on staff health. Overall sick leave usage is within industry standards.
10. Communication Plan identifies how to communicate with frontline staff while respecting generational differences.
  - Communication Plan identifies ways to communicate important messages and provide information to staff through a variety of methods.

11. Technology is used to engage more staff in strategic planning activities.
  - Software is used to facilitate strategic planning discussions between leaders and keep staff informed of new initiatives and projects.
12. Electronic central library is created to improve access to updated manuals and forms.
  - SharePoint site established as a one-stop resource for most of SMHC's communication (e.g. policies, procedure manuals, forms, centre-wide messages, etc.)
13. New clinical application system is used for maintaining electronic patient records.
  - Several additional modules rolled out to further improve patient care and access to information (e.g. Restraint Module, Patient Trust Module, Document Management Module, and Assessment Modules).
14. New pharmacy software program integrates the automated medication distribution system with the new clinical application system.
  - Work continues on the implementation of a new pharmacy software system.
15. New electronic Occurrence Reporting system improves information flow and record keeping.
  - Project on hold due to re-prioritization of resources.
16. Accreditation is maintained by implementing all Required Organizational Practices and standards.
  - Accreditation Canada recognized SMHC's significant progress and dedication to improving patient care by awarding it with an 'Accreditation with Commendation' status.

#### 2(h) Selkirk Mental Health Centre

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	37,977	494.30	33,655	4,322	1
Other Expenditures	5,136		5,323	(187)	
<b>Total Sub-Appropriation</b>	<b>43,113</b>		<b>38,978</b>	<b>4,135</b>	

Explanation Number:

1. Primarily due to overtime and physician contracts.

### Provincial Blood Programs Office

#### Objectives:

- To promote a province-wide, coordinated, integrated and comprehensive system (vein to vein) of safe, secure, effective and affordable blood transfusion services.

#### The expected results and actual results included:

1. Enhanced surveillance through the Adverse Event Reporting System.
  - Activity continued on data verification and analysis for utilization by Canadian Blood Services, Diagnostic Services of Manitoba (DSM), regional health authorities (RHAs) and Manitoba Health.
  - Reporting of statistics to the National Transfusion Transmitted Injury Surveillance System managed by Public Health Agency of Canada continued.
2. Provincial blood and blood products utilization strategy in place to ensure the optimal use of limited resources in a cost-effective manner.
  - Maintained utilization rate of red blood cells
  - Maintained utilization rates in several categories of plasma derived products
  - Developed provincial mechanism for review of and implementation of utilization management strategies for Intravenous Immune Globulin (IVIG).

- Continued support for establishment of provincial Transfusion Practice Committees. Continued support for implementation of an automated provincial Transfusion Medicine information system (Trace Line ®) at pilot sites.
3. Timely and accurate response to inquiries in the Manitoba Blood System.
    - Provided timely and accurate information to external and internal stakeholders including provision of information and problem solving support for issues arising within the Manitoba Blood System and across Canada.
  4. Enhanced quality, transparency and affordability of transfusion services.
    - Service system review of roles, responsibilities, accountabilities and communication mechanisms and processes ongoing with all key stakeholder agencies; our improvements have been realized. Work is ongoing as gaps/overlaps identified and resolved.

**2(i) Provincial Blood Programs Office**

	Actual		Estimate	Variance	
	2012/13		2012/13	Over(Under)	Expl.
Expenditures by Sub-Appropriation	\$(000's)	FTE	\$(000's)	\$(000's)	No.
Salaries and Employee Benefits	254	4.00	316	(62)	
Other Expenditures	49		61	(12)	
<b>Total Sub-Appropriation</b>	<b>303</b>		<b>377</b>	<b>(74)</b>	

**Manitoba Centre for Health Policy****The objectives were:**

- To support policy evaluation and research on priority health issues for Manitoba Health.
- To support knowledge translation of research findings to decision makers.

**The expected and actual results for 2012/13 included:**

1. Five major deliverables for Manitoba Health that provide an analysis and assessment of priority health issues in Manitoba.
  - Identification of Factors and Supports that Contribute to the Educational Success of Students in Foster Care
  - Regional Health Authority Indicators Atlas 2013
  - The future of treatment and care of Manitobans living with kidney failure
  - Public Reporting Template for Long Term Care Quality Indicators
  - Evaluation of the Manitoba Health Program 'Improving Medication Prescribing and Outcomes Via Medical Education' (IMPRxOVE)
2. Two to three workshop days annually, focused on the research findings and policy relevance to the health care system.
  - Rural & Northern Healthcare Workshop
  - Winnipeg Regional Health Authority Workshop
  - Manitoba Health Workshop

**2(j) Manitoba Centre for Health Policy**

	Actual		Estimate	Variance	
	2012/13		2012/13	Over(Under)	Expl.
Expenditures by Sub-Appropriation	\$(000's)	FTE	\$(000's)	\$(000's)	No.
Salaries and Employee Benefits	-	-	-	-	
Other Expenditures	2,200		2,200	-	
<b>Total Sub-Appropriation</b>	<b>2,200</b>		<b>2,200</b>	<b>-</b>	



## **Health Workforce**

### **Insured Benefits**

Insured Benefits is comprised of Administration, Registration and Client Services, Medical and Hospital Programs, Medical Consultancy, Audit and Investigation and Review Committees.

#### **The objectives were:**

- To provide policy direction and leadership to the Health Workforce Division in the development and delivery of insured health services, health labour relations negotiations and funding arrangements, and workforce policy and planning.
- To provide provincial leadership in the development of key strategic policy and program frameworks, and administer programs within legislative parameters that provide access to insured benefits under the Medical Program, Registration and Client Services, Family Doctor Connection Program, Eligibility and Portability Agreement, Inter-Provincial Reciprocal Agreements, Registry Exchange, Hospital Abstract Program, Out-of-Province Benefits Inter-Provincial Hospital, and Medical Programs and the Transportation Subsidy Program.

#### **The expected and actual results for 2012/13 included:**

1. A sustainable health care system in Manitoba in accordance with legislative requirements.

#### **Registration/Client Services**

- Visits to the Client Services counter increased from 47,939 in 2011/2012 to 56,398 in 2012/13. Client Services handled 184,698 telephone enquiries.
- Issued 244,145 Manitoba Health Registration Cards and processed 213,146 address changes.
- Issued 20,412 net new Personal Health Information Numbers in Manitoba with 17,175 new certificates issued to 18 year olds receiving their own individual registration numbers for the first time as adults, in addition to 88,430 status changes (e.g. newborns, marriages, separations and deaths).
- Customers who visited the Manitoba Health website opted to use an "online form" in 4,403 instances to submit their request for a change to their Manitoba Health registration certificate.

#### **Medical Claims**

- Received and processed 22,486,181 physician services, 435,807 optometric services, 922,115 chiropractic services and 5,236 oral surgery services, and 62,174 registered nurse extended practice services.
- Processed 263,108 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Inter-Provincial Reciprocal Agreement.

#### **Out-of-Province Claims**

- Adjudicated 981 requests from Manitoba specialists from coverage of services outside of Manitoba.
- Provided 1.2 million in travel subsidies to 455 patients for 47 international (USA) and 614 domestic trips.
- Adjudicated 9,417 physician claims, 3,234 outpatient visits and 2,358 inpatient days for emergency care outside of Canada.
- Paid \$26.8 million (gross amount) to other provinces and territories in accordance with the Interprovincial Reciprocal Billing Agreement for physician's fees (excluding Quebec physicians) and \$46.4 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
- Recoveries received by Manitoba Health as a result of reciprocal billings to other provinces and territories for care provided to their residents totalled \$15.0 million for physicians fees (excluding Quebec physicians) and \$49.3 million for hospital services.
- Represented Manitoba Health in 16 hearings of the Manitoba Health Appeal Board.

2. Customer focused service, through programs that provide insured medical and hospital benefits.
  - Customers who mailed in applications waited approximately 7 business days to receive Manitoba Health Registration Certificates.
  - Insured Benefits Branch staff participated in the development and implementation planning of a new, state-of-the-art medical claims processing system that will support better service to Manitobans and health-care providers.
3. Manitobans who are informed of, and receive, health benefits to which they are entitled.
  - Responded to 23,578 enquiries to the Family Doctor Connection Program.
  - Registration and Client Services achieved a time frame of 10 minutes on average in assisting clients in person and a time frame of 2 minutes for clients visiting the express service counter for simple address changes and replacement of Manitoba Health Registration Certificates.

### 3(a) Insured Benefits

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	5,526	110.29	5,789	(263)	
Other Expenditures	1,989		2,033	(44)	
<b>Total Sub-Appropriation</b>	<b>7,515</b>	<b>110.29</b>	<b>7,822</b>	<b>(307)</b>	

## Medical Labour Relations

Medical Labour Relations (MLR) represents Manitoba Health in negotiating agreements with physicians, oral/dental and maxillofacial surgeons, chiropractors, optometrists, pharmacists, etc., respecting remunerating these professionals in accordance with provincial regulations, policies and agreements. The Branch also provides assistance with respect to negotiation and administration of nursing and other allied health-care provider agreements.

The activities undertaken within MLR include the planning, development and implementation of strategic policies for physician resources, as well as recruitment support and medical and medical-related profession regulation.

### The objectives were:

- To represent Manitoba Health in negotiations/arbitration concerning fee-for-service and alternate funded remuneration for medical and medical-related practitioners.
- To administer both fee-for-service and alternate funded agreements/arrangements.
- To develop appropriate funding and remuneration arrangements with medical and medical-related professionals and organizations within the health authority structure.
- To review, assess and advise on collective bargaining issues relating to the allied health sectors (i.e. nursing, professional/technical and paramedical, maintenance and trades, and support sectors).
- To provide support for departmental care initiatives, including primary care renewal, chronic disease management and other new initiatives and objectives through medical and medical-related remuneration arrangements.

### The expected and actual results for 2012/13 included:

1. Implement, administer and interpret the new Manitoba Health/Doctors Manitoba Master Agreement, including the new Tripartite Agreement, in support of RHA and other system stakeholders' service delivery.
  - In order to meet Manitoba Health's obligation under the 2011 Master Agreement, MLR reviewed the methodology underlying Doctors Manitoba's calculation of the Ontario-Prairie Average and worked with Doctors Manitoba to resolve the disputes and disagreements arising out of the review.
  - MLR continued discussions on the tripartite process which is aimed at facilitating physician participation in RHA service delivery.

2. Participate, as necessary, in any dispute resolution processes pursuant to the new Master Agreement.
  - None of the dispute resolution mechanisms contained in the Master Agreement were utilized by the parties.
3. Renewal of agreements with other medical-related health practitioner groups, as they expire. The Branch concluded the following Agreements in 2012/13:
  - Manitoba Association of Optometrists Agreement. The Agreement was renewed to take effect April 1, 2011 to March 31, 2015.
  - Manitoba Dental Association Agreement. The Agreement was renewed to take effect April 1, 2011 to March 31, 2015.
  - Western Surgery Centre Agreement. The term of the 2010 Agreement was extended for a further term commencing April 1, 2012 and ending March 31, 2013.
4. Continued development and refinement of remuneration options for the existing and emerging delivery system.
  - MLR continued to participate in the analysis and refinement of the Quality Based Incentive Funding (QBIF) methodology used to provide supplemental compensation to physicians through the Physician Integrated Network (PIN) initiative.
  - MLR is also participating in discussions around the development of remuneration options and structures for the Primary Care Network (PCN) initiative.
5. Provide assessment and recommendations on nursing and other allied health care provider collective agreements and contract negotiations.
  - The Labour Relations Secretariat (LRS) has handled the direct negotiations with the nursing and other allied health care providers, and Medical Labour Relations has provided direction and input when necessary.

### 3(b) Medical Labour Relations

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,144	13.00	1,012	132	
Other Expenditures	335		375	(40)	
External Agencies	882		1,137	(255)	1
<b>Total Sub-Appropriation</b>	<b>2,361</b>	<b>13.00</b>	<b>2,524</b>	<b>(163)</b>	

Explanation Number:

1. Primarily due to decrease in agency payments

## Health Workforce Strategies

Health Workforce Strategies (HWS) branch works in partnership with regional health authorities (RHAs), regulatory and professional bodies, the education sector, and other stakeholders to support the linkage between health human resource planning and departmental policy. Activities undertaken include the planning, developing, implementing and monitoring of health human resource supply and strategies to address the demands in health service delivery.

### The objectives were:

- To identify strategies and provide policy direction that supports the recruitment and retention of health care professionals (physicians, nurses and allied health professionals) to deliver health care services in Manitoba.

**The expected and actual results for 2012/13 included:**

1. Collaboration with system stakeholders to identify strategies and facilitate the implementation of initiatives that support the recruitment and retention of nurses, nurse practitioners, physicians, physician assistants, midwives, and allied health professionals.

**PHYSICIANS**

- The Physician Resource Coordination Office (PRCO) continues to promote regular, frequent and inclusive communication between the RHAs, the Office of Rural and Northern Health, the University of Manitoba, Faculty of Medicine, the College of Physicians and Surgeons of Manitoba, medical students and various community stakeholders. The PRCO continues to regularly review current approaches to recruitment and retention, identification of gaps and facilitation of solutions to these gaps.
- The PRCO is also in a direct coordination role of regional recruitment efforts, which has led to improved coordination and transparency of the efforts towards recruitment and retention of physicians.

**NURSES**

- HWS continues to seek opportunity to participate in various forums with key nursing stakeholder organizations to discuss nursing issues and support open communication among nursing groups and government. A forum has been established whereby the Minister of Health, the Manitoba's Nurses Union (MNU), and rural and urban employers have opportunity to consult on an as needed basis. Consultations occur with regards to suggestions or requests concerning working conditions, recruitment and retention of nurses; and any other issues which could improve patient care and contribute to the efficient management of the health care system.
- HWS consults and communicates on a regular and frequent basis with the RHAs Health Programs and Services Executive Network (HPSEN), and the Provincial Human Resource Council (PHRC).
- HWS Branch, on behalf of the department, has entered into a renewed five-year contribution agreement under the Internationally Educated Health Professionals (IEHP) Initiative with Health Canada. The agreement supports a number of pilot projects designed to facilitate various aspects of the qualification recognition process and ultimately, with the timely integration of IEHPs into the Manitoba economy.

**ALLIED HEALTH**

- HWS continues to consult with key stakeholders including RHAs, regulatory bodies, professional colleges, Red River College, the University of Manitoba, CancerCare Manitoba and Diagnostic Services of Manitoba in response to identified shortages. HWS facilitates discussions around various strategies to alleviate these shortages through recruitment and retention initiatives to address the supply of allied health care professionals in the province.
2. Implementation/facilitation of solutions identified by stakeholders that will contribute to addressing identified systemic barriers to recruitment and retention of health care professionals.

**PHYSICIANS**

- In collaboration with the Faculty of Medicine, Regional Health Authorities, the College of Physicians and Surgeons of Manitoba, the Office of Rural and Northern Health and the Office of the Fairness Commissioner, a further review of the selection process for the IMG assessment program is being undertaken to optimize recruitment and retention of physicians in the Province of Manitoba.

**NURSING**

- In collaboration with nursing regulatory bodies, Regional Health Authorities, the Office of the Fairness Commissioner and the Health Workforce Strategies Branch, discussions are underway to review the eligibility process for assessment of internationally educated nurses to optimize recruitment and retention of nurses in the Province of Manitoba.



3. Appropriate number of education seats for health professionals.

#### **ALL HEALTH PROFESSIONS**

- The Health Education Liaison group, composed of Health, Advanced Education and Literacy (AEL) and Entrepreneurship, Training and Trade meets to monitor human resources trends and student enrolments in the health care sector and, when appropriate, recommend educational initiatives to address such issues as access, recruitment and retention; and to examine legislative, workforce and other issues related to the educational preparation of health professionals and allied health workers.

#### **PHYSICIANS**

- Manitoba Health continued to work with the University of Manitoba, Faculty of Medicine, to ensure that an appropriate number of post-graduate seats are aligned with increases in undergraduate medicine.
- Permanent family medicine residency training sites were established in Morden/Winkler and Steinbach (2 seats per site for a total of 4 residency seats) in 2012/13 as part of a Provincial strategy to expand rural medical education in Manitoba. Expansions to rural residency seats support physician recruitment and retention in rural Manitoba.
- The PRCO continues to work with stakeholders, including the University of Manitoba, Faculty of Medicine, to identify gaps and implement improvements leading to increased accessibility to training programs. Examples include the Physician Assistant Education Program at the University of Manitoba, as well as improvements to the Non-Registered Specialist Assessment Program, which took effect July 2011.
- The Northern Remote Family Medicine Residency Stream (formerly the Physician Placement Initiative), established in 2008, will directly address the retention of graduates in northern/remote settings. Students are expected to return two years of service in exchange for a placement in a specialty program at the University of Manitoba, Faculty of Medicine. Of the 23 residents who have graduated from the program since 2010, 83% (19) have remained in Manitoba post-graduation.

#### **NURSES**

- Total enrolments in nursing education programs have more than doubled since 1999 due to seat expansions at the University of Manitoba, Brandon University, Red River College, Assiniboine Community College, Université de Saint Boniface, and University College of the North.
- In September 2012, support was obtained for the full implementation of a Master of Psychiatric Nursing Program.

#### **ALLIED HEALTH**

- In January 2010, Manitoba Health entered into an inter-provincial agreement with British Columbia Institute of Technology to fund two students for three intakes in their Prosthetics and Orthotics training program starting in the fall of 2010. The first two students, who began the program in September 2010, have completed the program and are currently in their internship. One of these students signed a return-of-service agreement to work in Manitoba for their two year internship and one year post-internship. Two students began the program in fall 2012, one of which has signed a return-of-service agreement to return to Manitoba for their two year internship and one year post-internship.
- In the spring of 2011, an updated agreement was finalized for a period of up to five years commencing July 1, 2011, to provide for the continued training of up to six Manitoba students per year (three first-year seats and three second-year seats) in the Nuclear Medicine Technologist training program at the Southern Alberta Institute of Technology. Manitoba Health will be funding return-of-service agreements with the students in order to ensure employment in Manitoba following completion of the training program. Three new students began the program in fall 2012, two of which are from Winnipeg. Since the 2004/05 intake, three graduates have left the province; all others have returned to work in Manitoba.
- The department changed the previous post-employment training model for the Medical Radiologic Technology and Medical Laboratory Technology program to a pre-employment model, from 2007/08 up to and including 2012/13. The department provided funding for the fall 2012 intake for ten students at a cost of \$170,000.



- Health Sciences Centre submitted a proposal to Manitoba Health outlining the costs associated with adding an additional three-month term (for carotid training) to the existing Ultrasound training program at Health Sciences Centre in order for the program to maintain accreditation. The department received approval to provide this funding. In fall 2012, discussions began with key stakeholders regarding the transfer of this program from HSC to RRC. The new program will also be longer in length and accommodate a higher number of students.
4. Improved retention of Manitoba graduates through the Nurse Recruitment and Retention Fund (NRRF) and the Physician Recruitment and Retention Strategy.

#### **PHYSICIANS**

- 79% of the 2012 graduating class from the University of Manitoba, Faculty of Family Medicine will be staying in Manitoba.
- The retention rate for graduates in 2012 is significantly higher than the previous year, where the retention rate was 65% (an increase of 14%). Stakeholders continue to work together to identify strategies for recruiting and retaining new graduates.
- 74% of the International Medical Graduates that graduated from the Medical Licensure Program for International Medical Graduates program between 2002 and 2012 remain in rural Manitoba. The International Medical Graduate Assessment for Conditional Licensure, a relatively new program, has retained 86% of the graduates from 2007 to 2012.

#### **NURSES**

- The Conditional Grant Program implemented in 2004, continued to encourage new nursing graduates to consider employment opportunities in rural and northern Manitoba (outside Winnipeg and Brandon). New graduates meeting the criteria receive a grant in the amount of \$4000. In 2012/13, 110 Conditional Grant applications were approved for a total of 868 approved grants between July 2004 and March 31, 2013.
  - The Personal Care Home (PCH) Grant was established in January 2008, and is another Nurses Recruitment and Retention Fund (NRRF) initiative that encourages the retention of Manitoba nursing graduates. The PCH Grant assists in addressing the workforce requirements of personal care homes and encourages the recruitment of nurses to long-term care. In 2012/13, there were 132 approved PCH Grants bringing the total of approved grants to 453 between January 1, 2008, and March 31, 2013.
  - As of the 2012/13 fiscal year, the NRRF has allocated more than \$14 million since 1999 to the RHAs to support continuing education for nurses. The NRRF has also allocated "one-time" funding of more than \$2.6 million as of the 2012/13 fiscal year to support a range of specialty nursing programs and projects within the province.
  - Since 1999, Refresher Program Funding has been allocated to individuals striving to re-enter the nursing workforce, contingent upon the completion of an approved refresher program. Financial assistance for up to 80% of course costs (up to a maximum of \$2,000) per individual is available to complete approved nursing refresher programs. As of March 31, 2013, over \$769, 000 has been directed to support nurses re-entering the nursing profession.
5. Improved coordination of physician recruitment and retention activities in Manitoba.
- In September 2012, a Provincial Medical Leadership Council was established by the Deputy Minister of Health to provide leadership in planning clinical service delivery and to support an integrated approach to recruitment and retention of medical staff in the Province of Manitoba.
  - In collaboration with the Provincial Medical Leadership Council, regional health authority recruiters, the Office of Rural and Northern Health and the PRCO, coordination of physician recruitment and retention activities has been enhanced, with the number of physicians registered with the College of Physicians and Surgeons of Manitoba increasing from 2538 in 2012 to 2599 in 2013.

6. Evaluate and monitor recruitment, retention and education strategies from data provided by the regulatory bodies, the regional health regional and Manitoba Advanced Education and Literacy.

#### **PHYSICIANS**

- The PRCO continues to work through the stakeholder network to identify further efforts to effectively target physician recruitment and retention. The College of Physicians and Surgeons of Manitoba (CPSM) Annual Report notes an increase in the number of physicians in Manitoba, demonstrating continued improvement in the recruitment and retention of physicians in Manitoba.
- The Physician Resettlement Fund, which was established in 2009, provides conditional grants of up to \$20,000 for physicians to move to areas of Manitoba where they are needed most. Of the 80 grants that have been awarded to date, 55 physicians have settled in rural Manitoba.
- In February 2012, there were 37 Physician Assistants (PAs) registered with the CPSM. This represents an increase of 18 PAs since February 2011, when there were 19 PAs registered with the CPSM.

#### **NURSES**

- HWS tracks vacancies, enrolments and education seats, and monitors data through information provided by the nursing regulatory colleges, RHAs and the Council on Post-Secondary Education, Manitoba Advanced Education and Literacy (MAEL). The Manitoba Nursing Labour Market Supply report is produced and released annually in the spring.
- As of December 2012, there were 17,354 active practicing nurses in Manitoba, according to the registration data received from the College of Registered Nurses of Manitoba, the College of Registered Psychiatric Nurses of Manitoba, and the College of Licensed Practical Nurses of Manitoba.
- The NRRF is administered to support a comprehensive strategy to assist with recruitment and retention of nurses. Activities include support for relocation to Manitoba; participation at local and national career fairs; and advertising in nursing-related magazines. The NRRF provided relocation assistance to 120 nurses relocating to Manitoba in 2012/13 for a total of 1, 729 since 1999. The NRRF participated at a total of 13 career fairs in Manitoba and other jurisdictions in 2012/13.

#### **ALLIED HEALTH**

- HWS tracks the vacancy rates of different allied health professions submitted by various stakeholders, including Diagnostic Services of Manitoba and the RHAs.

#### **3(c) Health Workforce Strategies**

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	784	12.00	858	(74)	
Other Expenditures	82		122	(40)	
<b>Total Sub-Appropriation</b>	<b>866</b>	<b>12.00</b>	<b>980</b>	<b>(114)</b>	

## **Public Health and Primary Health Care**

Public Health and Primary Health Care (PHPHC) focused on a number of key planning and policy areas throughout the year, including primary care renewal, Aboriginal health, chronic disease management, wait times reduction, public health including public health inspections services. PHPHC continues to provide direct service through the provincial nursing stations.

PHPHC also supports Cross-Department Coordination Initiatives (CDCI), a partnership with Manitoba Health; Manitoba Healthy Living, Seniors and Consumer Affairs (HLSCA); and Manitoba Family Services and Labour (FSL). The primary focus of CDCI has been the development of housing with supports innovations for the seniors population, individuals with mental health issues and individuals who are homeless or at risk of being homeless, through a series of government strategies and initiatives. CDCI has also focused on applying research and learnings from current strategies to individuals with complex care needs, such as frequent users of emergency services.

### **Administration**

#### **The objectives were:**

Build capacity in the public health and primary care systems to:

- effect evidence-based, innovative and sustainable system advancements;
- improve access to efficient, quality, patient-centered service;
- reduce health disparities and support Manitobans to maintain or improve their health status; and,
- improve access to co-ordinated health and social supports for seniors, individuals with mental health issues, individuals who are homeless or at risk of homelessness, and individuals who are frequent users of health services.

#### **The expected and actual results for 2012/13 included:**

The development, implementation and evaluation of policies, strategies, programs and services for Manitobans that address:

1. Public health
  - Provided leadership and support to ensure coordinated and integrated public health services and programs at the regional and provincial levels, including health promotion, surveillance, diseases prevention and control, health protection, and response to public health issues and emergencies.
2. Aboriginal health
  - Supported relationship building, implementation of strategies, policies, program development, and health promotion through partnerships with provincial departments, regional health authorities, and federal, First Nations, and Métis governments to address the health needs of the Aboriginal population, such as the identification of health indicators for Aboriginal communities in RHA community health assessments and annual health plans, and a provincial child health program and service matrix.
  - Supported strategic alliances with regional federal/provincial/territorial stakeholders to discuss northern health system delivery, a northern primary care network and a northern health engagement process.
3. Care provision at provincial nursing stations
  - Supported continued enhancements to capital, health human resources planning, and improved service delivery at the three provincial nursing stations.
  - Supported development of improvements to services and operations to enhance services and prepare for transfer of the nursing stations operations to an RHA.
4. Services for under-served communities and at-risk populations
  - Provided leadership and support for stakeholder engagement, policy and program development, and inter-sectoral networks in the areas of primary care, maternal and child health, and public health focused on improving health outcomes for vulnerable populations in Manitoba.

5. Access to efficient and quality primary and chronic disease care
  - Provided leadership and support for the participation and collaboration of partners and stakeholders in planning to improve access to and quality of primary health care for Manitobans, including development of Quick Care clinics, primary care buses, Primary Care Network, development of Advanced Access, and expansion of the Care Link self management program.
  - Provided leadership and strategic direction on policies and strategies for health promotion and chronic disease prevention and management, such as the five-year plan for Manitoba Stroke Strategy.
6. Homelessness and mental health housing
  - Implemented the Community Housing with Supports Project (CHSP) which provides permanent, affordable housing with related support services for individuals transitioning out of homelessness.
  - Completed the transition of leadership for Homeless Strategy initiatives from CDCI to Manitoba Housing and Community Development. CDCI continued to lead projects funded by Manitoba Health, in collaboration with the housing sector.
  - Began to facilitate the transition of the clinical services component of the Mental Health Commission of Canada's At Home/Chez Soi research/demonstration project into the provincial system.
7. Aging in Place for seniors
  - Leadership for the Aging in Place Strategy transitioned from CDCI to the Continuing Care Branch in 2011/12. CDCI continued to support the development of housing and support options for seniors through the "Advancing Continuing Care Blueprint" to support individuals to age within community environments.
8. Alternative delivery of health service linked to community housing for frequent users of health services
  - Through CHSP, access to clinical services is facilitated to improve access to community health resources, improve personal health outcomes and decrease reliance on emergency services.
  - Continued to provide analysis of policy and service delivery approaches to frequent users of emergency services and populations with complex needs, who contribute to escalating cost drivers linked to the significant use of health resources by a small number of individuals.

#### 4(a) Administration

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	459	4.46	341	118	
Other Expenditures	303		294	9	
Program Delivery	2,809		3,272	(463)	
<b>Total Sub-Appropriation</b>	<b>3,571</b>	<b>4.46</b>	<b>3,907</b>	<b>(336)</b>	



## Public Health Policy

Public Health in Manitoba aims to provide leadership and coordination for an integrated and strategic approach to public health programs and services at the regional and provincial levels. The core functions of public health are population health assessment, health surveillance, disease and injury prevention, health promotion and protection. The efforts of the Public Health Branch aim to assist government, RHAs, the community and health professionals in the planning and effective response to public health issues and emergencies. The Public Health Branch works collaboratively with the Office of the Chief Provincial Public Health Officer (CPPHO) and Cadham Provincial Laboratory Services, other departments, offices and key stakeholders throughout the province.

### The objectives were:

- To provide provincial leadership, strategic direction, and coordination within the scope of public health including, but not limited to, communicable disease, infection prevention and control, environmental health, injury prevention, health promotion, and public health practice and programs.
- To detect, assess, and address public health risks and emerging public health issues.
- To lead an effective and responsive public health system, including during public health emergencies.

### The expected and actual results for 2012/13 included:

1. Management of communicable and environmentally-mediated diseases.
  - Completed and posted two new communicable disease and six environmental health protocols: Invasive Meningococcal Disease (*Neisseria meningitidis*), Listeriosis, Salmonellosis (Nontyphoidal), Seasonal Influenza, Shigellosis, *Campylobacter* Infection, Yersiniosis and Rabies: Protocol for Management of Human Rabies and Management of Animal Exposures to Prevent Human Rabies.
2. Consistency of regulations under *The Public Health Act* with public health best practice.
  - In process of reviewing and updating three Regulations under *The Public Health Act*. In process of developing a Personal Service Regulation and updating the Food Safety and Swimming Pool Regulations under *The Public Health Act*.
3. Identification and management of communicable diseases, environmentally-mediated diseases, public health practice and programs, and infection prevention and control using evidence-informed policies, protocols, standards, and guidelines.
  - Assisted Office of Disaster Management in the development and implementation of environmental emergency response protocols such as smoke inhalation, Heat Alert Response Plan, Flood Health Response and Prevention and Air Pollution Response Plan.
4. Provision of provincial strategic direction on enhanced Sexually Transmitted Blood Borne Infections (STBBIs) prevention, treatment and surveillance to Manitoba Healthy Living, Seniors and Consumer Affairs, regional health authorities, and other stakeholders.
  - Recruited a permanent staff person to lead the development and updating of Infection, Prevention and Control protocols, guidelines and policies.
  - Conducted a passive surveillance program for blacklegged tick and enhanced active surveillance for ticks related to Lyme disease and other tick-borne diseases.
  - A scientific Lyme disease symposium was implemented with other partners for health care professionals.
  - Promoted Healthy Smile Happy Child resources for early childhood caries education in the RHAs.
  - Development of oral health standards for personal care homes with Continuing Care and Oral Health Policy for Day cares (for prevention of Early Childhood Carriers).
  - Review of Canadian Oral Health Strategy 2012-17 Federal Provincial Territorial and Health Canada.
5. Planned schedule for the implementation of new vaccines licensed in Canada.
  - Finalization of the long-term FPT vaccine supply and the antiviral stockpile.
  - Offered an interim, universal influenza vaccine program for a second consecutive year with a targeted approach for those at highest risk as per the National Advisory Committee on Immunization recommendation.



- Transition of the vaccine and biologics provincial warehouse to Manitoba Distribution Agency location effective April 1, 2012, with improved quality controls.
  - Analysis of new vaccines based on National Advisory Canadian Committee on Immunization (NACCI) recommendation is ongoing.
6. Coordinated inter-sectoral response to public health emergencies.
- Provision of education and training practicum and rotations for medical and other public health students and information sessions on key public health issues to a range of stakeholders.
  - Hired three Masters in Public Administration students to work in Environmental Health, Communicable Disease Control and Epidemiology and Surveillance areas.
  - Resident in community health sciences hired to gain experience and support the Public Health Branch.
  - Ongoing education sessions are given on public health to medical students.
7. Enhancements to the Food Safety Program.
- Implementation of the food safety work plan and joint projects identified with Manitoba Agriculture, Food and Rural Initiatives will be in process.
  - Food Safety Audit report made 23 recommendations. Of these, 13 have been completed and substantial progress has been made on the other 10 recommendations.
  - Developed and implemented adult learning based food safety education training.
  - The Health Protection Report is available on the government website. It provides citizens with information of the food services establishments that have been closed or convicted for food safety infractions.
8. Improved coordination of service delivery for public health inspection services.
- Information provided to Manitoba Water Stewardship as requested on health risks related to safe water.
  - Adopted revised Health Canada Community Water Fluoridation program target levels for drinking water.
9. Identification and implementation of a project under the Manitoba One World One Health Framework.
- Planned and implemented the One World One Health Workshop (OWOH) in December 2012 in collaboration with Manitoba Agriculture, Food and Rural Initiatives and Conservation and Water Stewardship to introduce the One World One Health Framework.
  - A OWOH Working Group was established in January 2013 to address the issue of the Canadian Food Inspection Agency of Canada (CFIA) devolving the management of four animal health programs to the Province, including rabies, anthrax, chronic wasting disease and anaplasmosis with rabies being the most significant to Public Health. Meetings are occurring on a regular basis.
10. Identification of recommendations from the Chief Provincial Public Health Officer's 2010 Report on the Health Status of Manitobans that are relevant to public health policy and function.
- Continued contribution to FPT projects, such as population health and obesity initiatives.
  - Ongoing continued contribution to federal provincial public health issues and projects.

#### 4(b) Public Health Policy

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	9,759	95.45	9,895	(136)	
Other Expenditures	4,063		4,825	(762)	1
Vaccines	15,431		15,373	58	
External Agencies	-		12	(12)	
<b>Total Sub-Appropriation</b>	<b>29,253</b>	<b>95.45</b>	<b>30,105</b>	<b>(852)</b>	

Explanation Number:

1. Primarily due to under-expenditures in the West Nile Virus Program

## Public Health Planning

### The objectives were:

- To provide public health intelligence (collection, analysis, and interpretation of data; review of research and information) to guide Manitoba Health, other departments, regional health authorities, and health organizations in the planning, development, and evaluation of public health policies, programs and strategies.

### The expected and actual results for 2012/13 included:

- Initiate implementation of Phase 2 of Panorama in Manitoba.
  - The governance structure has been defined with the establishment of the Manitoba Panorama Steering committee to commence the implementation of Panorama surveillance systems in Manitoba.
- Production of specific analytic reports to further inform the implementation of recommendations from the 2010 *Report on the Health Status of Manitobans* and for planning and policy purposes.
  - The Office of the Chief Provincial Public Health Officer (OCCPHO) is in the process of developing an implementation strategy and once this is completed, the Public Health Branch will be able to begin to create specific reports to support this goal.
- Enhancement of existing tools and protocols (e.g. notifiable disease reporting forms, databases, dissemination tools) to collect and analyze surveillance information that informs and supports public health service providers, planners, and policy makers.
  - Collaboration with external researchers and the Public Health Agency of Canada resulted in several new methodologies that will be incorporated into standard disease monitoring reports for improved validity and understanding of disease and immunization patterns.
  - Implementation of a web-enabled outbreak reporting tool which facilitates health care facilities and regions to report enteric outbreaks and assessments.
  - Production and publication of peer-reviewed research by department epidemiologists and increased collaboration with academic researchers.
- Development, testing, and validation of scientific methodologies that improve epidemiology and surveillance systems in Manitoba.
  - Implemented a new method for facilities and regions to report outbreaks using a web-enabled information capture system.
  - Analyzed data entry processes and identified key steps to take for improving efficiency.
  - Established a formal working relationship with researchers at the University of Manitoba and Winnipeg Regional Health Authority Public Health epidemiologists to collaborate on public health epidemiology projects and share research methods.
  - Continue to support and participate on enhanced surveillance projects (e.g. community associated methicillin resistant staphylococcus aureus) led by inter-provincial research groups or the Public Health Agency of Canada.

### 4(c) Public Health Planning

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	933	13.00	1,023	(90)	
Other Expenditures	138		402	(264)	
<b>Total Sub-Appropriation</b>	<b>1,071</b>	<b>13.00</b>	<b>1,425</b>	<b>(354)</b>	

## Aboriginal and Northern Health Office

The Aboriginal and Northern Health Office (ANHO) promotes the consideration of the unique service needs of Aboriginal and northern populations and supports relationship building during the policy and planning stages of the provincial health system. ANHO has responsibility for First Nations, Métis, and Inuit (FNMI) Health; northern health; and provincial nursing stations (PNS).

### The objectives were:

- To provide provincial leadership and representation in the development, analysis, and facilitation of strategic, equitable, and culturally-informed health strategies and policies for government departments, Manitoba Health, and regional health authorities (RHAs) to improve health outcomes and reduce health disparities for FNMI populations.
- To support the department and northern stakeholders to work collaboratively to develop and coordinate policy and planning activities focused on improving the disproportionate health outcomes of people living in northern Manitoba.
- To explore opportunities for system integration and system change in health care policy, programs, and practice to provide cost-effective and quality health care for FNMI and northern Manitobans.
- To provide leadership in the management of PNS in the communities of Chemawawin Cree Nation/Easterville, Misipawistik Cree Nation/Town of Grand Rapids, and Mosakahiken Cree Nation/Moose Lake.

### The expected and actual results for 2012/13 included:

1. Identification of health indicators for FNMI communities in community health assessments and regional health plans.
  - ANHO participated in departmental planning to develop performance measures (Aboriginal Health) and participates in meetings of the Community Health Assessment Network (CHAN) to provide an Aboriginal lens to inform development of measures of population health.
2. Development of culturally-informed processes and communications that include FNMI perspective.

### First Nations Health

- Responsibility for health services to First Nations communities in northern Manitoba and the adjacent communities is currently defined by the 1964 Agreement between Manitoba and Canada. Notwithstanding this Agreement, there remains significant and ongoing disagreement over jurisdictional responsibility for health services in these communities. ANHO has been representing Manitoba Health at discussions with the federal government and the Assembly of Manitoba Chiefs (AMC) to begin development of a Unified Health System (UHS), which would effectively replace the 1964 Agreement and serve to resolve jurisdictional disagreement. Furthermore, the UHS would formalize processes and structures to coordinate on-reserve health services more effectively and enable consistent application of policy and more equitable delivery of services.
- ANHO co-chaired the Intergovernmental Committee on Manitoba First Nations Health (ICFMNH) in 2012-13. ICFMNH's purpose is to achieve greater coordination and collaboration among First Nations, federal and provincial governments to address common health issues specifically for First Nations in Manitoba. Outcomes of ICFMNH in 2012-13 were:
  - Completion of a First Nations Public Health Mapping project
  - Completion of a fiscal analysis report (*A Financial Analysis of Current and Prospective Health Care Expenditures for First Nations in Manitoba*) and comparison of findings between this report and a similar analysis completed in 2006.
  - A draft proposal for developing First Nations health human resources
- ANHO co-chaired the Jordan's Principle Terms of Reference Officials Working Group (TOROWG) in 2012-13. TOROWG has formalized a "Case Conferencing to Case Resolution" process for implementation of Jordan's Principle, a child first approach that ensures continued care and service provision despite jurisdictional disputes regarding payment. Adherence to Jordan's Principle ensures First Nation children living on-reserve with multiple disabilities or complex medical needs have access to comparable health and social services as other Manitoba children in a geographic proximity.

- ANHO has collaborated with the Continuing Care Branch to explore options for advancing the process of licensing personal care homes in First Nations communities.
- ANHO has collaborated with the Manitoba Renal Program, First Nations communities and Manitoba Health to explore options for planning and improving renal health services for First Nations communities in northern Manitoba.
- ANHO provides ongoing support to build organizational capacity of Neewin Inc., an incorporated First Nations organization in the Island Lake region that shares management responsibilities for operation of the Garden Hill Dialysis Unit with the J. A. Hildes Northern Medical Unit. Neewin also participates in long-term planning for health services in the region.
- ANHO is a co-chair of the Provincial Suicide Prevention Leadership Committee and the Youth Suicide Prevention Implementation Steering Committee. As part of this work, ANHO provides analysis of the impacts of jurisdictional barriers on *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy* (YSPS), which has a focus on Aboriginal youth.

#### Métis Health

- Manitoba Health, with ANHO as liaison, is providing funding of \$1.8 over three years (fiscal years 2011-12 to 2013-14) to the Manitoba Métis Federation (MMF) to fund further development of a Knowledge Network (KN) structure to strengthen linkages between Regional Health Authorities (RHAs) and the seven MMF Regions. Through KNs, MMF provides Métis-specific health data to the RHAs and MMF regions that will facilitate the adaptation of services to Métis people in Manitoba. This data will also inform the development of RHA strategic and annual plans. In 2012-13, work progressed between KNs and RHAs to develop Métis Health and Wellness Plans in alignment with the new RHAs.
3. Development of a northern health engagement process to frame dialogue with northern RHAs and other stakeholders regarding the poorer health outcomes and reduced access to services in northern communities.
    - ANHO completed an engagement process involving the former Burntwood, Churchill and NORMAN RHAs and the Assistant Deputy Ministers of Manitoba Health. A report was produced and presented to Executive Management Committee. Findings from the report are being used to guide ongoing development of plans to address health services issues in northern Manitoba.
  4. Coordination of policy development and planning activities relating to northern health (i.e. completion of a health practitioner mapping exercise).
    - ANHO is working with Primary Care to provide a northern lens for implementation of the Family Doctors for All by 2015 initiative and the development of primary care networks in northern Manitoba.
    - ANHO collaborated with other Manitoba Health branches, First Nations, the Northern Health Region and other stakeholders to explore/develop options for improving access to family physicians in four major northern communities: The Pas, Thompson, Cross Lake and Norway House
    - ANHO has engaged the new Northern Health Region in discussions to clarify roles and formalize working relationships for collaborative approaches to northern health policy development and planning.
  5. Promotion of system integration and further local involvement in decision-making regarding PNS operations and services.
    - ANHO engaged in preliminary discussions with the three PNS communities (Mosakahiken, Chemawanin and Misipawistik) and the Northern Health Region to discuss collaborative efforts for devolving PNH operations to the Northern Health Region
  6. Provision of timely, appropriate and quality primary health care, and episodic illness and emergency services by PNS staff.
    - The nursing stations provide primary care five days a week and emergency care 24 hours a day/7 days a week.
    - ANHO staff provides ongoing and timely responses to community concerns about PNS services.



7. Reduction of PNS staff vacancy rates, improvement in local capacity, and well-supported staff.
  - ANHO participated in recruitment initiatives in conjunction with Health Workforce and the Nurse Recruitment and Retention Fund.
8. Enhancement of service delivery, staff and operational requirements, and local facilities that meet the communities' health care needs.
  - Construction began on new housing for nursing staff in Chemawawin. The new facility is expected to be completed in autumn 2013.
  - Design development is underway for new construction to replace existing nursing stations in Mosakahiken and Misipawistik, and for new housing for nursing staff in Mosakahiken.
  - Emergency response vehicles were replaced with new vehicles better suited to local driving conditions.
  - Patient confidentiality for emergency calls was enhanced by replacing radio-based technology for receiving emergency calls with cell phones in Chemawawin and Misipawistik. (Note: Cell phone service is not available in Mosakahiken).
  - ANHO built on the relationship with the Northern Health Region to improve coordination of health services provided by the RHA with the services of the local PNS.

#### 4(d) Aboriginal and Northern Health Office

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,896	37.00	3,391	(495)	
Other Expenditures	3,743		3,639	104	
<b>Total Sub-Appropriation</b>	<b>6,639</b>	<b>37.00</b>	<b>7,030</b>	<b>(391)</b>	

### Health System Innovation

#### The objectives were:

- To lead health system innovation and knowledge exchange (system and public).
- To build an integrated quality primary care system.
- To improve timely access to appropriate care.
- To improve system effectiveness, efficiency and connectivity between areas/providers of care.

#### The expected and actual results for 2012/13 included:

1. Policies, standards and tools that support provincial direction on innovation, chronic disease, primary health care and health system transition points
  - The updated Primary Care Inter-professional Team Toolkit provides information on scopes of practice for Manitoba health professions and best practices, to inform the development of inter-professional teams.
  - The new Patient Access Data Submission Policy ensures that regional health authority (RHA) surgeons and specialists collect and submit timely and accurate data on publicly funded medical and surgical services to the Patient Access Registry Tool (PART).
  - The current Family Doctor Connection Program has been enhanced to be more proactive to facilitate and track requests for a family physician.
  - The Manitoba Stroke Strategy has improved rural patient access to hyperacute stroke care services through the development of Emergency Medical Services by-pass protocols in southern Manitoba.
  - The Manitoba Breastfeeding Strategy has improved breastfeeding initiation, exclusivity and duration rates across the province. The Strategy is being renewed to enhance implementation of the Baby Friendly Manitoba accreditation initiative in hospitals and community health sites.
  - Process guidelines have been developed for the pilot of patient enrolment within the Physician Integrated Network (PIN).
  - The Manitoba League for Persons with Disabilities conducted a study of people with disabilities without a primary care provider, and the resulting issues and barriers in four RHAs. In January,



the report and recommendations were received and an internal committee established to develop an action plan.

2. Identification of opportunities to align activities and improvement goals, reduce duplication, and collaborate through knowledge sharing.
  - Health Innovation Network established to foster communication and information sharing, and identify partnership opportunities for mutually supportive activities and initiatives. Members include Manitoba Business Council, University of Manitoba, RHAs, Manitoba Health Research Council and other government departments.
  - The PIN Indicator Advisory Committee with representation from each of the 12 sites meets regularly to collaborate regarding improvements in the area of quality clinical indicators.
  - A Cross-PCN Working Group has been established to share ideas among, and solicit input from, the four Demonstration Phase Primary Care Networks (PCN) on such topics as clinical information sharing, service coordination and measurement/evaluation.
  - To ensure that the enhanced version of the Family Doctor Connection Program meets regional needs, and to share evolving best practices, a Regional Advisory Group was established to support implementation.
3. Timely wait time data will be available for program and policy planning.
  - Wait time information for 11 diagnostic, surgical and cancer procedures was provided monthly to the public via the provincial wait times web site.
4. Implementation of Patient Access Registry and eBooking tools throughout Winnipeg RHA medical specialty sites and development in other RHA surgery programs and sites.
  - Training delivered to physicians who provide pediatric dental services in Winnipeg. Technical problems delayed implementation in rural and northern RHAs and tool is being redeveloped.
5. Integration of Bridging Generalist to Specialist (BGSC) eReferral system with Manitoba-approved electronic medical records (EMR) facilitating use for Manitoba family physicians with an EMR.
  - The new eReferral & Consultation platform supports BGSC objectives by enabling patients to be referred to the right specialist the first time with all necessary information and pre-specialist consultation work completed.
  - eReferral & Consultation is currently integrated with one of three provincially approved EMR systems and is being tested at two clinics.
  - The web-based eReferral & Consultation platform is available to primary-care providers who are not yet using an EMR or are not one of the test sites.
6. Increase health system capacity to apply quality improvement processes and promote culture change through training of approximately 200 Manitoba health system stakeholders in area-specific quality improvement methodology.
  - 40 hospital staff were trained to support implementation of Releasing Time to Care and 45 primary health care staff were trained to implement Advanced Access.
  - Over 90 RHA and MH staff have received training at the Green Belt or Black Belt level (including 6 RHA executives). In addition, two province-wide networks have been developed and leadership training has taken place to foster a community of practice to support Lean.
7. Implementation of approximately 40 small scale improvement initiatives throughout Manitoba using Lean Six Sigma, Releasing Time to Care, and/or Advanced Access methodology.
  - Over 40 quality improvement initiatives were implemented in hospital, primary health care RHA and health system stakeholder agencies.
  - Cost savings from the 23 Lean Six Sigma rapid improvement events completed in RHAs and health agencies resulted in over \$6,000,000 financial resources that could be redeployed within the health system as a result of reduced patient wait days, reduced bed days, increased patient throughput and supply/space savings.

8. Implementation of Advanced Access throughout additional primary care office practices in Manitoba.
  - In addition to training nine new sites, Advanced Access is transitioning training from an external contractor to local Manitoba faculty by training new faculty and adjusting the curriculum.
  - Advanced Access methods and data were used to assist RHAs to develop PCN plans and attachment targets.
9. Implementation of four demonstration Primary Care Networks and selection of additional sites for planning phase.
  - Four demonstration PCNs in the Winnipeg, Northern, Interlake-Eastman and Southern RHAs are finalizing operational plans. Delay in implementation was due to RHA amalgamation and learning regarding required timelines.
  - The department is working with RHAs and primary care physicians to select Wave 2 PCN locations.
10. Expansion of PIN to include fee-for-service practices that participate in a PCN.
  - The four PCNs, have aligned with PIN objectives, including collaborative team-based primary care, closer working relationships with RHAs, use of quality indicators/targets, and performance management supported by data extracts and value-added reports.
11. Operationalization of new QuickCare clinics and primary care health buses (mobile clinics).
  - Two QuickCare Clinics opened in Selkirk and Winnipeg, bringing the total number of clinics to four. Staffed with registered nurses and nurse practitioners, these clinics provide primary care for episodic health issues, evenings and weekends. A total of 26,993 unique patients received care in 2012/13.
  - The procurement process for two mobile clinics has been extended due to the challenge of designing and building a two exam room unit capable of providing service in Manitoba's climate. Mobile clinics, staffed with a nurse practitioner and a registered nurse, will bring comprehensive primary care to underserved rural communities.
12. Enhanced Family Doctor Connection Program, supported by a central information system and province-wide processes, to provide more active connection of patients to a general practitioner.
  - The current Family Doctor Connection Program has been enhanced to be more proactive to facilitate and track requests for a family physician.
  - To ensure that the enhanced version of the Family Doctor Connection Program meets regional needs, and to share evolving best practices, a Regional Advisory Group was established to support implementation.
13. Increased access to the self management support program through TeleCARE Manitoba as it expands to include services for an additional chronic condition.
  - The evaluation identified that participants were able to successfully maintain lifestyle behaviours, and there was a significant decreased in the number of hospital visits in the year after enrolment resulted. In order to ensure success, it was decided to strengthen the existing congestive heart failure and Type 2 diabetes programs prior to expansion to another chronic disease by addressing the recommendations outlined in the evaluation.

#### 4(e) Health System Innovation

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,756	27.00	1,972	(216)	
Other Expenditures	4,195		4,197	(2)	
External Agencies	313		311	2	
<b>Total Sub-Appropriation</b>	<b>6,264</b>	<b>27.00</b>	<b>6,480</b>	<b>(216)</b>	

## Regional Programs and Services

### Administration

#### The objectives were:

- To provide support to the Minister of Health and the health authorities (regional health authorities, CancerCare Manitoba and Diagnostic Services of Manitoba), through ongoing leadership and recommendations in planning, implementing, monitoring and evaluating health services for Manitobans.

#### The expected and actual results for 2012/13 included:

- Timely information to the Minister of Health, internal clients and the health authorities to support evidence-based decision-making.
  - Tracked and reported on a variety of data and assisted the Minister of Health and the regional health authorities in their decision making. Emergency room use; Personal Care Home panel and placement; critical incident reporting; and diagnostic, surgical and cancer wait time statistics are reviewed regularly and initiatives advanced to improve service delivery.
  - Worked with the regional health authorities (RHAs), Diagnostic Services of Manitoba, and CancerCare Manitoba to provide information to support decision-making on a range of issue and strategic initiatives designed to improve service delivery.
- Timely research and response to public expressions of concern related to service delivery issues.
  - Managed, with related partners, the response by the health care delivery system to issues of public concern including, flood, wildland fires, national drug shortages, RHA amalgamation, and access to health services.
  - Continued to work to address public concerns and incidents relating to service provision, staffing and wait times.
  - Facilitated merger of 11 RHAs to 5 RHAs and monitored services to ensure continuity of care during amalgamation.
  - Worked with RHAs to review issues of capacity and flow through the healthcare delivery system, particularly for individuals awaiting placement in personal care homes, home care services, and emergency department services.
  - Addressed Manitoba Health's strategic priorities focusing on the changing needs of the health system in the following areas: long-term care, emergency medical services, cancer services and wait times. All of these initiatives are working toward system enhancements to allow for improved patient care and outcomes.
  - Participated at a national level on matters related to patient safety, critical incident reporting and knowledge translation in cancer control.

#### 5(a) Administration

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	306	4.00	302	4	
Other Expenditures	92		57	35	
<b>Total Sub-Appropriation</b>	<b>398</b>	<b>4.00</b>	<b>359</b>	<b>39</b>	

## Emergency Preparedness and Response Branch

The Emergency Preparedness and Response Branch (EPRB) is the provincial regulator of emergency medical services (EMS) providers and services. The EPRB's mandate is to provide leadership and direction that ensures the provision of effective and efficient EMS and EMS education throughout the province by Manitoba Health, the RHAs and other agencies funded by, licensed or approved by the Manitoba Health. The EPRB role is to develop and implement legislation, regulations, policies and standards to support the effective delivery of EMS in the province.

### The objectives were:

- To facilitate the development of emergency medical services (EMS) delivered by the regional health authorities (RHAs).
- To carry out activities related to the regulation of medical transport in Manitoba.
- To co-ordinate the operation of the Lifeflight Air Ambulance Program.

### The expected and actual results for 2012/13 included:

1. Effective administration of *The Emergency Medical Response and Stretcher Transportation Act* and Regulations with respect to licensing providers of land ambulance, air ambulance, stretcher car services and licensing personnel.
  - For 2012/13 the Emergency Medical Services Branch issued the following service provider licenses for:
    - 20 providers of land ambulance
    - 16 providers of medical first response
    - 9 providers of air ambulance service
    - 2 providers of stretcher car service
    - 1 provider of dispatch service
  - As of March 31, 2013 there were 2,846 licensed EMS personnel in Manitoba. The breakdown for the personnel licence categories are: 2,245 land personnel, 173 aeromedical attendants, 250 pilots, and 178 stretcher attendants. Included in this are: 327 new personnel licence holders and 71 personnel who renewed their licence in 2012/13.
  - Processes are in place in the EMS Branch to protect the public for situations when new applicants or licence holders have criminal offences or criminal charges pending.
2. Land, air and ambulance services will be in compliance with *The Emergency Medical Response and Stretcher Transportation Act* and Regulations.
  - Application for annual licensure occurs in September and licenses are distributed for January 1. All applicants must meet legislative and regulatory requirements on an annual basis including a physical inspection of their transportation platforms and garages/hangars. If services do not meet standards, they may be suspended, or considered for provisional licensure on a temporary basis until they can meet the licensing requirements.
  - Due to the amalgamation of 11 RHAs to 5 RHAs on April 1, 2012 the annual applications for licensure were not complete and all the RHAs were provided with provisional land ambulance service licenses for 2013.
  - There were 15 service providers that received provisional licenses during 2012/13.
3. Competent EMS practitioners delivering safe patient care by adhering to EMS standards, treatment guidelines and treatment protocols.
  - Prior to September 1, 2013 the EMS Branch administered the provincial exam for licensure candidates at the Technician, Technician Paramedic and Technician Advanced Care Paramedic levels. From April 1, 2012 to March 31, 2013, 312 exam candidates were examined by the EMS Branch. There were no appeals to the Manitoba Health Appeal Board regarding exam results for 2012/13.
  - The EMS Branch holds a position on the Council known as the Canadian Organization of Paramedic Regulators (COPR) who has been implementing plans to ensure barrier-free mobility and compliance with the Agreement on Internal Trade since 2009. In the spring of 2012 COPR began to administer a national exam for PCPs and ACPs, and Manitoba candidates began taking the national exam in September 2012. 77 PCPs and 12 ACPs took the national exam between September 2012 and March 2013.



- Continuing education is an essential element to ensure licensed paramedics are clinically competent. The EMS Branch designed the Alternate Route to Maintenance of Licensure (ARML) program as a continuing education program for paramedics in the province. An ARML Advisory Committee completed the ARML program review in November 2011 and made recommendations for the continuing competency requirements of individual license holders into the future. The EMS Branch modified the former ARML program effective January 1, 2013 and this program is presently called the Manitoba Continuing Competency Paramedic Program (MCCPP). The EMS Branch conducts approximately 15 individual reviews per day and audits/verifies continuing education for EMS licence renewal credit. Proof of completion for the continuing education credits (mandatory and optional) are verified for annual license renewal and the vast majority of licence holders are in compliance with continuing education requirements.
  - The EMS Branch hired the Provincial EMS Medical Director in February 2013 and Emergency Treatment Guidelines and Protocols are under revision. Manitoba's Emergency System Medical Advisory Committee (MESMAC) historically established medically accountable treatment guidelines, treatment protocols and standards for pre-hospital patient care. MESMAC did not meet in 2012/13 and there were no revisions to the Emergency Treatment Guidelines and Protocols.
  - The independent Manitoba EMS system review was conducted by two consultants during 2012/13 and the report and recommendations were submitted to the Minister of Health in early 2013.
4. Safe medical transportation of Manitoba residents by fixed wing, rotary wing, land ambulance and land stretcher service.
    - Lifeflight provided safe transport for 374 seriously ill or injured patients from rural and northern facilities to tertiary centres primarily in Winnipeg. Lifeflight also arranges for the air transportation of pre-approved Manitoba residents to facilities out of province when their care is unavailable in Manitoba. Lifeflight arranged for the transport of 92 Manitoba residents who required medical care not available in Manitoba. There were no critical incidents reports to Manitoba Health by the Lifeflight service.
    - Fixed wing basic air ambulance and rotary wing air ambulance services conducted 5,682 transports.
    - Manitoba Health implemented a pilot project for a fixed wing southern air ambulance initiative to provide inter-facility air ambulance service (that would otherwise have been provided by the land ambulance system) to residents who would experience one way land ambulance trips great than two and one half hours. The pilot program concluded in July 2012 and government directed the Department to implement the program into permanent status. The permanent program began in November 2012.
  5. Robust and informative data collection processes and indicators for EMS service.
    - The EMS Branch relies on internal data collection methods and the Medical Transportation Coordination Centre for EMS data to analyze and monitor the EMS system.
  6. Current and relevant EMS Standards and Policy.
    - There were no new standards or policy implemented during the year, however the provincial EMS Review was conducted and the Department is awaiting the recommendations from the Review in order to develop new standards and policy.
  7. Effective administration of the Northern Patient Transportation Program (NPTP) that enables RHAs to ensure access to medical services for residents in northern Manitoba.
    - The NPTP is administered by the EMS Branch through the Regional Health Authorities and provides an important travel subsidy for northern Manitoba residents. Opportunities for developing greater efficiencies and accountability in the program have been identified and continue to be worked on.



## 8. Manitobans receive timely response to inquiries.

- The EMS Branch receives public inquiries in person, by phone, e-mail and via a website. The EMS Branch staff respond to these inquiries within one to five working days.

**5(b) Emergency Preparedness and Response**

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,306	16.00	1,348	(42)	
Other Expenditures	15,802		13,710	2,092	1
External Agencies	20		23	(3)	
<b>Total Sub-Appropriation</b>	<b>17,128</b>	<b>16.00</b>	<b>15,081</b>	<b>2,047</b>	

Explanation Number:

1. Primarily due to the Shock Trauma Air Rescue Society (STARS) program

**Disaster Management**

Disaster Management ensures health care system coordinating for an increasing number of emergencies and disasters that require higher levels of preparedness and longer response operations than in previous years. Some areas of the Branch have remained in response operations for over a year with the spring flooding.

**The objectives were:**

- To ensure the health sector is able to meet the health needs of Manitobans during and after disasters through prevention and mitigation, preparedness, response and recovery activities.

**The expected and actual results for 2012/13 included:**

1. A disaster management program for Manitoba Health that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1600 Standard on Disaster/Emergency Management and Business Continuity Programs).
  - ODM continues to work with regional health authorities in the implementation of their disaster management programs. This work is based on a hazard assessment of the risks these events pose to the health of Manitobans. Based on this hazard assessment, the ODM has concentrated work with RHAs in the areas of flooding, smoke monitoring and severe weather preparedness (heat waves, tornados, hail and severe thunderstorms).
  - Operational support during emergencies and disasters continue on an as needed basis. The ODM provides emergency management advice and co-ordination to RHAs through the Manitoba Health Duty Officer. During the 2012/13 year, the Manitoba Health Duty Officer provided advice and co-ordination in over 100 events. The 2012/13 year saw the ODM providing intensive operational support and guidance in emergencies. In addition, the Manitoba Health Emergency Coordination Centre (ECC) was activated for the following:
    - Sandoz National Drug Shortage
    - Wildland fires in the North
    - Communication outages
    - Major power outage in Interlake Eastern
    - Wildland fires in Southeast Manitoba
    - 2013 spring flooding
2. A fully integrated health incident management system for Manitoba Health and RHAs that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1561 Standard on Incident Management Systems).
  - Manitoba Health and RHAs continue to refine their incident management systems through operational and exercise experiences. Manitoba Health has put into place a policy direction requiring all RHAs to develop and implement incident management systems. At the RHA level, functional incident management systems are in place and training continues for management and staff at all levels. RHAs have successfully implemented Incident Management Systems to

respond to a variety of emergencies and disasters throughout the province, such as the spring flooding event.

- At Manitoba Health, the Emergency Response Management System (ERMS) has been developed to respond to large scale health sector emergencies such as a pandemic influenza. The ERMS has also been implemented centrally in Manitoba Health to respond to public health events. Most notably the spring flooding event required a large scale and long duration activation of the ERMS. At the beginning of the 2012/13 year, the Sandoz National Drug Shortage required another large scale and anticipated long-term activation of the ERMS.
3. A coordinated and effective preparedness and response structure within Manitoba Health and Health Authorities.
- Manitoba Health continues to work with a variety of stakeholders to ensure that preparedness is in place to limit morbidity, mortality and societal disruption during emergencies and disasters. Preparedness work was concentrated in the areas of spring flooding, mass communications, the common operating picture, the heat alert and response system and wildland fire smoke monitoring.

### 5(c) Disaster Management

Expenditures by	Actual 2012/13		Estimate 2012/13	Variance Over(Under)	Expl.
Sub-Appropriation	\$(000's)	FTE	\$(000's)	\$(000's)	No.
Salaries and Employee Benefits	460	7.00	484	(24)	
Other Expenditures	687		541	146	
<b>Total Sub-Appropriation</b>	<b>1,147</b>	<b>7.00</b>	<b>1,025</b>	<b>122</b>	

## Health System Monitoring

### The objectives were:

- To support the Minister of Health and the health authorities (regional health authorities (RHAs), CancerCare Manitoba and Diagnostic Services of Manitoba) in monitoring and evaluating safe, high quality, effective, evidence-informed health services.
- To inform Manitobans and Manitoba Health about the quality, safety and utilization of, access to, and capacity of health services.

### The expected and actual results for 2012/13 included:

1. Health authorities are in compliance with the critical incident reporting requirements of *The Regional Health Authorities Act* and *The Manitoba Evidence Act*.
  - Five hundred and fifty critical incidents were reported during 2012/13, representing an increase of 5% from 2011/12. The most frequently reported category of critical incidents remain falls, with critical incidents related to clinical care and medications being the next most frequently reported events.
2. Health system partners and stakeholders are informed of emerging health issues, service gaps and the quality and safety of care.
  - In May 2012, Manitoba Health, the Manitoba Institute for Patient Safety (MIPS), the Regional Health Authorities of Manitoba (RHAM) and Health Insurance Reciprocal of Canada (HIROC) collectively sponsored a provincial offering of the Canadian Patient Safety Institute (CPSI) Patient Safety Education Project (PSEP). This two and one half day curriculum prepared attendees to deliver a variety of patient safety related content and facilitate patient safety quality improvement interventions in a variety of clinical areas. A total of 63 individuals, from throughout the province, completed the program becoming patient safety trainers. A public posting of all critical incidents reported to Manitoba Health during the fiscal year 2011-12 were posted on the Manitoba Health Patient Safety Website in November 2012.
  - The second biennial Manitoba Health report on patient safety was released in November 2012.
  - There are a total of 9,677 licensed PCH beds in 125 facilities province wide.

- Staff provided leadership in the annual licensing and ongoing monitoring of the 125 PCHs across the province. The monitoring process includes reporting the findings of on-site reviews to each respective site, as well as initiating follow-up with action plans and PCH-related complaints such that all 26 PCH standards will be met over time.
  - On-site standards reviews to assess compliance with established provincial standards were conducted in PCHs in the following regional health authorities (RHAs): Prairie Mountain Health (former Parkland and Brandon) and Interlake- Eastern (former North Eastman and Interlake).
  - In addition, thirty-six (36) unannounced reviews were conducted in PCHs across the province.
3. New and expanded programs are implemented in accordance with government priorities.
- Regions were assisted in planning for and implementing housing, home and community support and service options for individuals to allow them to "age in place", as well as delaying or preventing placement in PCHs.
  - A blueprint was developed outlining priority actions in continuing care to further ensure that appropriate local support services match the needs of individuals and families along the continuum, including high quality, dignified end-of-life care.
  - Provincial and regional stakeholders continued to work to identify and implement program and service enhancements that support Aging in Place.
  - Work continued towards licensing six (6) First Nations PCHs, on an interim basis, as announced in 2008. The communities involved in this initiative include:
    - Opaskwayak (Rod McGillivray Memorial Care Home in Northern region (former NOR-MAN))
    - Sioux Valley (Dakota Oyate Lodge in Prairie Mountain Health region (former Assiniboine))
    - Sagkeeng (George M. Guimond Care Centre in Interlake-Eastern region (former North Eastman))
    - Oxford House (George Colon Memorial Home in Northern region (former Burntwood))
    - Fisher River (Ochekwi Sipi Personal Care Home in Interlake-Eastern region (former Interlake))
    - Peguis (Peguis Senior Centre in Interlake-Eastern region (former Interlake))
    - The current physical structure needs to be replaced as it cannot be upgraded to meet the requirements of the Design Guidelines for Long-Term Care Facilities. Work towards licensing this facility will follow the replacement of the building.
  - Manitoba Health staff continued to provide education and support regarding the provincial PCH standards.
  - Manitoba Health staff continued to meet regularly with Aboriginal Affairs and Northern Development Canada (AANDC) to share information and to receive updates on the funding and capital upgrades. Collaborative work has continued with the goal of achieving licensing on an interim basis.
4. Manitobans receive timely response to inquiries.
- Timely investigations and responses continue to be provided to verbal and written inquiries by the public, as well as media issues/expressions of concerns related to health care delivery within Manitoba.
  - This includes providing timely and appropriate information to individuals, within the boundaries of *The Personal Health Information Act (PHIA)* and *The Freedom of Information and Protection of Privacy Act (FIPPA)*, on individual and systemic health care enquiries, including referrals for services and appeal process information.

#### 5(d) Health System Monitoring

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,310	15.12	1,161	149	
Other Expenditures	294		348	(54)	
External Agencies	728		729	(1)	
<b>Total Sub-Appropriation</b>	<b>2,332</b>	<b>15.12</b>	<b>2,238</b>	<b>94</b>	

## Health System Support

### The objectives were:

- To support the Minister of Health and health authorities (regional health authorities, CancerCare Manitoba and Diagnostic Services Manitoba) in planning and delivering safe, high quality, efficient, effective, evidence-informed health services.

### The expected and actual results for 2012/13 included:

1. Health system partners and stakeholders are informed of emerging health issues, service gaps and the quality and safety of care.
  - Participated and or led the following working groups:
    - Jordan's Principle Joint Committee and subcommittee responsible for developing an implementation framework that addresses concerns related to access to care services for First Nations children with complex disabilities
    - Intercity Bus Working Group to sustain access to health transportation services
    - Regional Health Authorities of Manitoba (RHAM)'s Health Promotion Network to support the enhancement of health promotion strategies
    - RHAM's Acute Care Network addressing issues related to the delivery of safe, effective and efficient acute care services
    - RHAM's Planning Network supporting RHA strategic planning
    - Provincial Medical Device Reprocessing (MDR) working group to develop and guide regional implementation of MDR services with national standards
    - Unified Referral and Intake System (URIS) Interdepartmental Committee to support children who need assistance performing special health care procedures when they are in community programs and apart from their families and caregivers and to transition URIS to Regional Health Authority delivery
    - Manitoba Bone Density Committee activities to notify high risk of women osteoporosis and bone mineral density testing
  - Undertook the following monitoring and reporting activities:
    - Former NOR-MAN RHA's implementation of recommendations from the NOR-MAN Review Report
    - Implemented a quality audit in Winnipeg RHA sites on treatment of patients with sepsis
    - health care service suspensions
    - Review and prioritization of funding requests for specialized equipment by RHAs, CancerCare Manitoba and DSM
    - Review of the regional health authorities' health plans undertaken to ensure alignment with provincial health goals and needs of communities
    - Supported the Canadian Stroke Network's chart audit of stroke patients in Winnipeg and Brandon
2. Current programs are executed in accordance with established plans and authorities.
  - Monitored execution of regional health authority programs including: emergency department wait times, inpatient bed management, repatriation of patients to home regional health authorities, ambulance offloading times in emergency departments, surgical services and wait times; medical device reprocessing; inpatient and outpatient care.
  - Implementation of the first-in Canada, Cancer Wait Time Strategy entitled "Transforming the Cancer Patient Journey in Manitoba." This initiative aims to reduce the cancer patient journey from suspicion to treatment to two months or less. Activities completed include: establishment of the Manitoba Cancer Partnership Steering Committee, funding to establish Regional Care Programs as enhanced hubs of cancer services in Steinbach, Selkirk, and Brandon, funding to establish a Vulnerable Populations Program at CancerCare Manitoba to design culturally appropriate services to include consideration of language and translation, recognition of the role of traditional healing practice, holistic care practices and family in addition to enhancing community development, funding to hire Rapid Improvement Leads to work with stakeholders to implement process efficiencies and improvements.



- Completed and released *Manitoba's Cancer Strategy 2012-2017* in November, 2012, this is the next phase building on the June 2007 five year plan called *Cancer Services in Manitoba* to guide investments in prevention, screening and care to address cancer. Areas for actions are identified in addition to "Where We're Going," "Where We Have Been" in addition to "Cross Cutting Objectives."
  - Led the Provincial Digital Mammography Steering Committee to oversee conversion of existing Film Screen Mammography equipment to digital equipment. Facilitated the Professional Imaging Advisory Council whereby replacement of specialized equipment for Nuclear Medicine, Radiology, CT/MRI and Ultrasound across the province is prioritized for the fiscal year.
  - Participated on the Canadian Partnership Against Cancer Breast, Colorectal, Cervical and Lung Cancer Screening Initiatives and Vulnerable Patient Population Focus Groups.
  - Collaborated with the CCMB Screening Programs in the review and adoption of the Canadian Task Force Guidelines for Breast and Cervical Cancer Screening.
  - Monitored health care diagnostic service suspensions with information provided by RHAs and Diagnostic Services of Manitoba (DSM).
  - Undertook analysis and consultation with DSM to support:
    - Developing a Radiology Services Strategic Plan for the Province of Manitoba to enable DSM to comply with the Cochrane recommendations.
    - Shifting of some sites to a phlebotomy only service delivery model.
    - Establishing digital x-ray in the community of Lac Du Bonnet.
    - Establishing HER2 Breast Cancer protein expression testing at St. Boniface General Hospital.
    - Implementing Immunohistochemistry staining equipment for diagnosis of Lynch Syndrome.
    - Participated on the Manitoba Digital Pathology Project Steering Committee.
    - Funded pathologist and technologist recruitment to enable DSM to achieve College of American Pathology (CAP) accreditation.
    - Funded a mobile ultrasound machine for DSM resulting in the ability to increase capacity in Swan River and Roblin in addition to providing Russell with ultrasound in their community for the first time in many years.
3. New and expanded programs are implemented in accordance with government priorities.
- Review and support of functional programming and operational requirements for a variety of capital projects, including Tabor Personal Care Home, Notre Dame de Lourdes Hospital, Dauphin Emergency Room, Selkirk Hospital, Winnipeg RHA Emergency Department Redevelopments for the Grace Hospital Emergency Department Redevelopment and Health Sciences Centre's Emergency Department redevelopment, Misericordia Health Centre Redevelopment, the WRHA Rehab Reconfiguration, construction of a new CancerCare Building, and the Grace Hospital short-stay unit.
  - Policy development for cochlear implant speech processors for children under the age of 18 in Manitoba.
  - Manitoba Health Research Council (MHRC) and the Canadian Institute for Health Research to undertake multiple sclerosis research
  - Support of the Misericordia Health Centre Redevelopment project
  - Support of the Rehab Reconfiguration consolidating rehab services within the WRHA.
  - Support and monitoring of the following Renal Health haemodialysis activities: WRHA Health Sciences Centre opening of ten additional hemodialysis stations treating 60 dialysis patients; opening of the Prairie Mountain Health Russell Renal Health Centre; Portage District General Hospital Dialysis Unit expansion from 28 to 36 dialysis stations; 2012 opening of the Hodgson Area Renal Health Centre and Berens River Renal Health Centre; development of a 5 year Renal Health Framework; collaboration with Manitoba Health Primary Care Branch screening and prevention initiatives for renal health.
  - Support, monitoring and governance of the following Organ Donation and Transplant activities: support of the Living Organ Donor Reimbursement Program; participation in the Canadian Blood Services Living Donor Paired Exchange program; participation in the jurisdictional review of the Canadian Blood Services Call to Action strategic plan to improve organ and tissue donation and transplantation for Canadians; support to Transplant Manitoba for enhancements to living donor kidney transplants program; participated in the Manitoba Lions Eye Bank and Tissue Bank Manitoba programs for future coordination of services tissue donation and transplantation for Manitobans; supported and participated in the launch of SignUpForLife.ca, Manitoba's Online

Organ and Tissue Donation Registry; participated in ongoing public awareness activities about the importance of Organ and Tissue donation.

4. Manitobans receive timely response to inquiries.
  - Timely investigations and responses are provided to public enquiries, media enquiries and *The Freedom of Information and Protection of Privacy Act* (FIPPA) inquiries.

#### 5(e) Health System Support

Expenditures by	Actual 2012/13		Estimate 2012/13	Variance Over(Under)	Expl.
Sub-Appropriation	\$(000's)	FTE	\$(000's)	\$(000's)	No.
Salaries and Employee Benefits	1,375	18.50	1,382	(7)	
Other Expenditures	149		239	(90)	
<b>Total Sub-Appropriation</b>	<b>1,524</b>	<b>18.50</b>	<b>1,621</b>	<b>(97)</b>	

### Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required statutory and non-statutory functions, in order to protect the health and well-being, and to promote the improved mental health status of Manitobans.

#### The objectives were:

- To carry out required statutory and non-statutory functions by administering *The Mental Health Act* and the Orders of Committeeship program, providing professional consultation to the health care system, and promoting the recruitment and retention of psychiatrists in the province, in order to promote the health and well-being and to optimize the mental health status of Manitobans.

#### The expected and actual results for 2012/2013 included:

1. Preservation of patients' rights under *The Mental Health Act*.
  - Continued to promote effective operation of *The Mental Health Act and Regulations*.
  - Responded to numerous inquiries regarding interpretation and practical application of *The Mental Health Act*.
  - Consulted as required with the Manitoba Health Legislative Unit and Manitoba Justice Civil Legal Services to assist in the proper interpretation and application of *The Mental Health Act and Regulations*.
2. Interpretation and application of *The Mental Health Act*.
  - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
  - Consistently implemented the Manitoba Health policy entitled "Order of Committeeship Issued by the Director of Psychiatric Services," setting out the policies and procedures followed by the Office of the Chief Provincial Psychiatrist in managing the Orders of Committeeship Program.
3. Issuance of new Orders of Committeeship and Authorizations of Transfer, and cancellation of previous Orders of Committeeship.
  - Processed 330 Certificates of Incapacity applying for Orders of Committeeship and issued 296 new Orders of Committeeship appointing The Public Trustee of Manitoba as committee of the person's property and personal care.
  - Cancelled 22 previous Orders of Committeeship.
  - Issued 72 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside of Manitoba.
  - Pursuant to the Order of Committeeship policy, provided an interview with the Director of Psychiatric Services to persons who submitted a written objection to the Notice of Intent to issue an Order of Committeeship, prior to the appointment of the Public Trustee as committee.
  - Maintained required working liaison with the Office of The Public Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.
4. Enhanced recruitment and retention of psychiatrists for under-served areas of Manitoba.

- Four specialists in psychiatry, who successfully completed their periods of enrollment in the Career Program in Psychiatry, continued to fulfill their return of service commitments in areas of need in Manitoba. General psychiatry, child and adolescent psychiatry, and psychogeriatric psychiatry have thereby been enhanced in the regional health authorities of Winnipeg, Prairie Mountain and Southern.
  - Three University of Manitoba residents in the specialty of psychiatry participated in the Career Program in Psychiatry, accruing return of service commitments in areas of need in Manitoba.
  - Provided consultation and advice to relevant agencies regarding the recruitment and retention of psychiatrists in Manitoba.
5. Consultative liaison with regional health authorities and other sectors of the health care system.
- Maintained relevant linkages and appropriate consultation with the regional health authorities regarding various aspects of the mental health system.
  - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy, and the statutory implications of *The Mental Health Act*, to clients, stakeholders and various sectors of the health system.
6. Tracking of the Orders of Committeeship Program and the regulated Forms under *The Mental Health Act*.
- Continued data entry for the computer databases for *The Mental Health Act* and the Orders of Committeeship Program.
  - Additional computer databases were operational for selected data analysis during the year.

**5(f) Chief Provincial Psychiatrist**

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	449	2.40	440	9	
Other Expenditures	44		60	(16)	
<b>Total Sub-Appropriation</b>	<b>493</b>	<b>2.40</b>	<b>500</b>	<b>(7)</b>	

**Health System Development****The objectives were:**

- To improve evidence-informed planning and decision-making.
- To improve the health authority health assessment process and health planning.
- To improve health authority governance and accountability.

**The expected and actual results for 2012/13 included:**

1. Strengthened health authority governance.
  - Revised the department's Board Governance and Accountability policy following amendments to *The Regional Health Authorities Act*.
  - Provided consultation on a number of governance and accountability issues related to the amendments to *The Regional Health Authorities Act*.
  - Participated in discussions with the Regional Health Authorities of Manitoba (RHAM) and the Canadian Healthcare Association to explore options for future board governance education.
  - Hosted a one-day board orientation session within the context of regional health authority amalgamation.
  - Conducted research related to the updating of the RHAs boards' General Bylaw #1.

2. Co-ordinated community health assessment and health plan processes.
  - Provided leadership to the Community Health Assessment (CHA) Network in process of planning for the fourth cycle of CHA in 2014, with emphasis on efforts to increase efficiencies.
  - Selected core indicators for the 2014 CHA in collaboration with stakeholders, and identified indicators for applying an equity lens to this cycle of CHA.
  - Completed an outcome evaluation of the third cycle of CHA (2009/10). Recommendations were developed and approved by the Community Health Assessment Network and Manitoba Health.
  - Provided departmental and regional database support for the health planning process.
  - Co-ordinated the preparation of the annual health plan guidelines and provided support to health authorities, as requested.
3. Evidence-informed planning.
  - Completed a monitoring framework for the Southern Air Ambulance Program.
  - Provided evaluation and monitoring consultation for three projects:
    - Continuing Competency Program for Paramedics
    - Southern Air Transport Program
    - Utilization Management Agreement - Provincial Drug Programs
  - Evidenced use of CHA findings from the former regional health authorities in producing new health profiles for the amalgamated regions. Also the CHA evaluation showed that RHAs are using CHA appropriately in developing their strategic plans.
4. Health Authority Accreditation strengthens system quality
  - Consultation on the accreditation legislation and guidelines was completed. RHAs and agencies are operating according to the accreditation legislation and guidelines.
5. Strengthened health system accountability.
  - Advised on accountability measures to be included in a new service purchase agreement to ensure consistency with current legislation.
  - Reviewed accountability monitoring requirements for regional health authorities.
  - Provided direction, guidance, and support and monitoring to the health authorities in development of their annual reports that are required under *The Regional Health Authorities Act*. The Department revised the annual reporting requirements for the newly amalgamated health authorities.

#### 5(g) Health System Development

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	FTE	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	690	10.73	799	(109)	
Other Expenditures	137		164	(27)	
<b>Total Sub-Appropriation</b>	<b>827</b>	<b>10.73</b>	<b>963</b>	<b>(136)</b>	



## Office of the Chief Provincial Public Health Officer

The overall goal of the Office of the Chief Provincial Public Health Officer (CPPHO) is to provide coordinated and integrated public health leadership to the public health services and programs at the regional and provincial levels. The major areas of focus include health promotion and protection for the identification, prevention and control of diseases and health inequities that affect populations. The efforts of the Public Health Branch aim to assist government, the community and health professionals in the planning and response to public health issues and emergencies.

### The objectives were:

- To monitor and report on the health status of Manitobans
- To support government departments to improve the overall health of Manitobans and reduce health disparities.
- To take appropriate action consistent with the powers and responsibilities described for the Chief Provincial Public Health Officer (CPPHO) in *The Public Health Act*.
- To advance public health knowledge and capacity.

### The expected and actual results for 2012/13 included:

1. Effective structures and processes, and capacities are in place to address and track progress on the priority issues raised in the CPPHO Report on the Health Status of Manitobans 2010 and a plan for future health status reports has been developed.
  - A small working group has been established to co-ordinate work on tracking implementation of the recommendations of the CPPHO's report, *Priorities for Prevention, Everyone, Every Place, Every Day*.
    - Meetings were held with leadership from all departments of government to review the recommendations of the report and discuss how departments can be involved in contributing towards progress on the recommendations.
    - An inventory of existing programs in relevant departments was created to identify current activities that address recommendations in the CPPHO's report, as well as to identify recommendations that may require more government attention.
    - Important partnerships have been fostered with departments outside of Manitoba Health to ensure work on the recommendations can continue to move ahead.
  - Work has begun on preparing the 2015 CPPHO Report on the Health Status of Manitobans and a plan for future health status reports has been developed.
    - A Table of Contents and Work Plan have been developed. Leads will be assigned for each of the sections and components of the Report.
2. Capacity building training in the use of health equity tools in government has been initiated and a set of indicators have been developed as part of a health equity surveillance system for Manitoba.
  - A Health Equity Unit has been established. The Unit has developed a work plan that includes working collaboratively with stakeholders to develop a set of health equity indicators. Their plan also includes the development and delivery of capacity-building session on the use of Health Equity tools and providing ongoing support to branches, divisions and departments applying the tools.
  - The OCPPHO partnered with the National Collaborating Centre for Determinants of Health in co-hosting a knowledge translation forum bringing together partners working on social determinants of health to advance health equity in Manitoba.
3. The Department and Minister of Health are informed in a timely and clear manner about important public health issues.
  - Regular and as needed meetings are scheduled between the CPPHO and the Deputy Minister and Minister of Health, as well as between the CPPHO and other Department staff.
  - Emerging issues are communicated when needed through regular department channels, including briefing material, in order to inform the Department and Minister of Health.

4. Students are provided with educational experiences in the Office of the CPPHO to further their education in community health sciences and public health practice.
  - Two community medicine residents rotated through the Office of the CPPHO as well as through the Public Health Branch.
  - The Office of the CPPHO, in collaboration with other branches in the department, has provided an orientation to public health practice for several groups of undergraduate medical students throughout the year. A distributive education model is used whereby community medicine residents are invited to participate in the orientation.
5. Collaborative work on appropriate applied research projects.
  - The OCPPHO participated on the Manitoba Centre Health Policy Advisory Group for the Social Housing in Manitoba deliverable.
  - The OCPPHO participated with the Public Health Branch in developing processes and frameworks in how to collaborate with external researchers.
6. Collaborative work on multi-jurisdictional public health initiatives.
  - The OCPPHO participated on the planning committee of Public Health Agency Canada, Saskatchewan and Manitoba climate change and impacts on health forum.
  - The OCPPHO participated in Federal /Provincial and Territories committees such as the Public Health Network Council and the Council Chiefs Medical Officers of Health.
  - Partnerships have been fostered with departments outside of Manitoba Health to initiate and address public health initiatives such as One World One Health and the Interdepartmental Working Group of the Province's ALL Aboard Poverty Reduction and Social Inclusion Strategy.
  - Given staffing changes during 2012-2013, the OCPPHO has taken the opportunity to review priorities as well as roles and responsibilities.

**6(a) Office of the Chief Provincial Public Health Officer – Administration**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2012/13 \$(000's)</b>	<b>FTE</b>	<b>Estimate 2012/13 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Salaries and					
Employee Benefits	750	8.00	1,128	(378)	1
Other Expenditures	302		347	(45)	
<b>Total Sub- Appropriation</b>	<b>1,052</b>	<b>8.00</b>	<b>1,475</b>	<b>(423)</b>	

*Explanation Number:*

1. Primarily due to staff vacancies.

## **Health Services Insurance Fund**

The Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long-term care, home care, community and mental health and emergency medical response and transportation services. The Fund also provides direct payments to providers of insured services and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program and Pharmacare.

### **Funding to Health Authorities**

- Acute Care Services
- Long-Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Response and Transport Services

#### **The objectives were:**

- Health authorities (regional health authorities, CancerCare Manitoba, and Diagnostic Services of Manitoba) provide a service delivery system that responsively, efficiently and effectively meets the needs of their populations and is balanced in an affordable and sustainable manner.

#### **The expected and actual results for 2012/13 included:**

1. Allocated funds will be utilized in accordance with *The Regional Health Authorities Act, The Health Services Insurance Act and The CancerCare Manitoba Act*.
  - Funding was allocated to be utilized in accordance with *The Regional Health Authorities Act, The Health Services Insurance Act and The CancerCare Manitoba Act* in respect of the cost of hospital services, medical services and other health services to be provided in Manitoba.
2. Financial and statistical information will be provided by the health authorities as defined by Manitoba Health.
  - Health Authorities and other agencies complied to report data to Manitoba Health, including but not limited to: management information systems, monthly financial forecasts, wait times data and labour vacancy data.
3. Regional health authorities and CancerCare Manitoba undertake legislated accountability measures including the assessment of health needs, strategic planning, health planning and accreditation.
  - New legislation and guidelines were passed requiring all RHAs and agencies to maintain accreditation status. All RHAs were reviewed to ensure compliance with the legislation and guidelines.
  - Direction, guidance, support and monitoring to the health authorities in development of their annual reports required under The Regional Health Authorities Act was provided, and the annual reporting requirements for the newly amalgamated health authorities were revised.
  - Provided leadership to the Community Health Assessment (CHA) Network in process of planning for the fourth cycle of CHA in 2014, with emphasis on efforts to increase efficiencies.
4. Implementation of strategic efforts and health plans is planned and managed with consideration to affordability and sustainability.
  - Ensured evidenced use of community health assessment findings from the former regional health authorities in producing new health profiles for the amalgamated regions.
  - Provided departmental and regional database support for the health planning process.
  - Co-ordinated the preparation of the annual health plan guidelines and provided support to health authorities, as requested.
  - Lean Six Sigma value stream mapping training was provided to executive management in several RHAs to ensure alignment between regional strategic planning and Lean Six Sigma efforts.

5. A service delivery system that meets the needs of Manitobans.
  - Monitored execution of regional health authority programs.
  - Timely investigations and responses were provided to verbal and written inquiries by the public, as well as media issues/expressions of concerns related to health care delivery within Manitoba.
  - Ensured ongoing RHA and agency communication with stakeholders occurred.
  - Undertook numerous meetings with community and town council members to discuss concerns and collaboratively problem solve in the areas of physician services, emergency services, primary care services and hospital based services.
6. Health authorities are compliant with provincial legislation, Manitoba Health policies, standards, reporting requirements and guidelines of core health services.
  - Monitored and ensured all RHAs and agencies are compliant with accreditation legislation.
  - Monitored and ensured all RHAs and agencies are compliant with Critical Incident Reporting legislation.
  - Monitored and ensured compliance with personal care home annual licensing requirements and standards reviews.
  - Advised on accountability measures to be included in a new service purchase agreement to ensure consistency with current legislation.
  - Reviewed accountability monitoring requirements for regional health authorities.

#### 7(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Acute Care Services	2,177,421	2,262,674	(85,253)	1
Long Term Care Services	575,988	576,531	(543)	
Home Care Services	325,614	298,332	27,282	2
Community and Mental Health Services	237,684	231,099	6,585	2
Emergency Response and Transport Services	74,502	70,504	3,998	2
Third Party Recoveries	(16,269)	(17,329)	1,060	
Reciprocal Recoveries	(49,291)	(65,741)	16,450	3
Recoverable from Urban Development Initiatives	(2,000)	(2,000)	-	
<b>Total Sub-Appropriation</b>	<b>3,323,649</b>	<b>3,354,070</b>	<b>(30,421)</b>	

Explanation Number:

1. Primarily due to RHA efficiencies, RHA amalgamations and re-distribution of the 2012/13 funding in 21-7a.
2. Primarily due to a re-distribution of the 2012/13 funding within 7a.
3. Primarily due to lower volumes.



## **Provincial Health Services**

Provincial Health Services is comprised of the following:

### **Hospital – Out Of Province**

#### **The objectives were:**

- To provide payment to insured residents of Manitoba for insured hospital services required while temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide inpatient and outpatient services to other Canadian residents.

#### **The expected and actual results for 2012/13 included:**

1. The portability of benefits under the *Canada Health Act* is upheld and fulfilled through inter-provincial reciprocal billing arrangements.
  - The requirement of portability for benefits under the *Canada Health Act* was fulfilled.

### **Blood Transfusion Services**

#### **The objectives were:**

- To provide funding for Manitoba's share of the operating cost of the Canadian Blood Services, which is responsible for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec).
- To fund unique-to-Manitoba transfusion-related laboratory testing services provided by Canadian Blood Services.
- To provide funding to ensure procurement and distribution of adequate, safe and affordable fractionated and/or blood derivative products to Manitoba facilities, physicians and patients.
- To provide funding for Manitoba's commitment to the Multi Provincial Territorial Assistance Plan (MPTAP) for financial compensation for Manitobans living with human immunodeficiency virus (HIV) as a result of contact with the blood supply.

#### **The expected and actual results for 2012/13 included:**

1. Payment for blood and blood products and laboratory services ordered by physicians on behalf of Manitoba patients.
  - Payment for blood and blood products and laboratory services occurred to facilitate timely delivery of safe, reliable and affordable quality blood products and services to regional health authorities (RHAs), facilities and physicians.
2. Timely and accurate provision of financial assistance to Manitobans eligible for the MPTAP.
  - Continued work with the Canadian Blood Agency to ensure timely and accurate provision of financial assistance to Manitobans meeting the eligibility criteria for MPTAP.

### **Federal Hospitals**

#### **The objectives were:**

- To provide funding for services in two federal hospitals and 22 federal nursing stations.

#### **The expected and actual results for 2012/13 included:**

1. Two federal hospitals and 22 federal nursing stations are funded for services provided.
  - Two federal hospitals and 22 federal nursing stations are funded for services provided.

## **Prosthetic and Orthotic Devices**

### **The objectives were:**

- To manage and administer payment of benefits for assistive devices as prescribed under *The Health Services Insurance Act*.

### **The expected and actual results for 2012/13 included:**

1. payment for benefits for eligible Manitobans who require assistive devices for daily living.
  - Financial assistance for the purchase of assistive devices was provided to 42,255 eligible Manitobans at a total cost of \$15.9 million.

## **Healthy Communities Development**

### **The objectives were:**

- To refocus health care system resources to more appropriate and less costly alternatives, with a particular emphasis on prevention and health promotion, and to bridge the transitions through the Healthy Communities Development Fund.

### **The expected and actual results for 2012/13 included:**

1. Development of a more effective and affordable health care system through the funding of initiatives.
  - Investments in a number of initiatives designed to promote an effective and sustainable health care system. Specific examples would be activities approved through the Manitoba Patient Access Network and activities in support of Maternal and Child Health.

## **Nurses Recruitment and Retention Initiative**

### **The objectives were:**

- To attract and retain registered nurses, registered psychiatric nurses, and licensed practical nurses to Manitoba, through relocation assistance, grants, financial incentives and other strategies.

### **The expected and actual results for 2012/13 included:**

1. Improved supply of nurses in Manitoba and increased interest in nursing as a profession through incentive programs and marketing strategies.
  - As of March 31, 2013, the Nurses Recruitment and Retention Fund (NRRF) has provided Relocation Assistance to a total of 1,729 individuals who have moved to Manitoba to work as nurses since 1999.
  - The Conditional Grant Program has provided a total of 868 grants as of March 31, 2013, to fill rural and northern vacancies since its establishment in July 2004.
  - The Personal Care Home Grant, which began January 1, 2008, can be received in conjunction with other financial assistance from the NRRF, such as Conditional Grants and Relocation Assistance. A total of 453 vacancies in personal care homes have been filled since January 2008.
  - In January 2009, the NRRF commenced a \$2,000 grant to assist Internationally Educated Nurses (IEN) with the costs associated with taking the registered nurse bridging program at Red River College. As of March 31, 2013, 172 IENs have received assistance with the IEN Grant.
  - The NRRF has allocated more than \$14 million since 1999 to the RHAs to support continuing education for nurses. The NRRF has also allocated "one-time" funding of more than \$2.6 million as of the 2012/13 fiscal year to support a range of specialty nursing programs and projects within the province.
  - Since 1999, Refresher Program Funding has been allocated to individuals striving to re-enter the nursing workforce, contingent upon the completion of an approved refresher program. Financial assistance for up to 80% of course costs (up to a maximum of \$2,000) per individual is available to complete approved nursing refresher programs. Over \$769,000 has been directed to support nurses re-entering the nursing profession.

**7(b) Provincial Health Services**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2012/13 \$(000's)</b>	<b>Estimate 2012/13 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Other Expenditures				
Out-of-Province	46,414	51,805	(5,391)	1
Blood Transfusion Services	59,292	59,738	(446)	
Federal Hospitals	1,887	2,579	(692)	1
Prosthetic and Orthotic Devices	15,857	14,780	1,077	
Healthy Communities Development	844	1,963	(1,119)	2
Nursing Recruitment and Retention Initiatives	3,375	3,730	(355)	
<b>Total Sub-Appropriation</b>	<b>127,669</b>	<b>134,595</b>	<b>(6,926)</b>	

Explanation Number:

1. Primarily due to lower volumes.
2. Primarily due to delays in projects.

**Medical****The objectives were:**

- To provide insurance in respect of the costs of medical and other health services for the health and well-being of the residents of Manitoba.

**The expected and actual results for 2012/13 included:**

1. Claims will be processed and paid in accordance with *The Health Services Insurance Act* and in accordance with remuneration agreements for insured services rendered by medical practitioners, optometrists, chiropractors and dental surgeons.
  - 11.8 million claims for approximately 23.9 million services were processed and paid to medical practitioners, optometrists, chiropractors, registered nurses extended practice and dental surgeons.
  - 22.4 million physician services, 435,807 optometric services, 922,115 chiropractic services, and 5,236 oral surgery services were paid.
  - For statistical purposes medical claims adjudicated 62,174 registered nurse extended practice services.

**7(c) Medical**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2012/13 \$(000's)</b>	<b>Estimate 2012/13 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Other Expenditures				
Physician Services	988,185	1,016,439	(28,254)	1
Other Professionals	22,506	23,912	(1,406)	
Out of Province Physicians	27,904	28,517	(613)	
Other	19,095	25,131	(6,036)	2
Third Party Recoveries	(9,276)	(9,971)	695	
Reciprocal Recoveries	(14,971)	(15,216)	245	
<b>Total Sub-Appropriation</b>	<b>1,033,443</b>	<b>1,068,812</b>	<b>(35,369)</b>	

Explanation Number:

1. Primarily due to lower volumes than planned.
2. Primarily due to delays in program implementation.

## Pharmacare

### The objectives were:

- To fund prescribed pharmaceutical benefits subject to *The Prescription Drugs Cost Assistance Act* and Regulations and *The Pharmaceutical Act* and Regulations to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

### The expected and actual results for 2012/13 included:

- Payment for eligible pharmaceutical benefits for program beneficiaries.
  - The average Pharmacare benefit per family for 2012/13 decreased \$322.82 or 10% to \$2,849.07 from \$3,171.89 in 2011/12. This decrease is reflective of the significant decrease in actual drug costs in 2012/13.
  - Deductible rates in 2012/13 ranged from a minimum of \$100 or 2.81% to a maximum of 6.36% for incomes greater than \$75,000. Total family income is reduced by \$3,000 for a spouse and for each dependent less than 18 years of age, where applicable.

### 7(d) Pharmacare

	Actual 2012/13	Estimate 2012/13	Variance Over(Under)	Expl. No.
Expenditures by Sub-Appropriation	\$(000's)	\$(000's)	\$(000's)	
Other Expenditures	244,348	249,855	(5,507)	1
<b>Total Sub-Appropriation</b>	<b>244,348</b>	<b>249,855</b>	<b>(5,507)</b>	

Explanation Number:

- Primarily due to price decreases.



## **Capital Funding**

Capital Funding provides funding to health authorities for principal repayment on approved borrowing, equipment purchases, and other capital expenditures.

**The objectives were:**

- To provide funding for capital projects, specialized and basic equipment purchases, and information technology initiatives approved by the department, in accordance with the Manitoba Health Capital Plan, for regional health authorities (RHAs), Diagnostic Services of Manitoba (DSM), CancerCare Manitoba (CCMB), and Manitoba eHealth (eHealth) through the provision of principal repayment on approved borrowings, outright capital payments, and outright equipment payments.

**The expected and actual results for 2012/13 included:**

1. Increase in principal repayments for approved borrowings in this fiscal year for the acquisition, construction, and renovation of physical assets, specialized equipment, and information technology to support the infrastructure of the health care system in accordance with the Manitoba Health Capital Plan as projects are completed.
  - The actual 2012-2013 principal payments increase is \$10,653,000 to provide for appropriate principal reduction on approved borrowings for the acquisition, construction, and renovation of physical assets, specialized equipment, and information technology to support the infrastructure of the health care system.
  - 2012-2013 principal payments were expected to provide an increase of \$3,714,000 from 2011-2012.
2. Decrease in principal repayments as the result of approved borrowings being fully repaid.
  - The actual 2012-2013 principal payments decrease was \$1,657,000 as the result of approved borrowings for approved capital projects being fully repaid.
  - 2012-2013 principal payments were expected to provide a decrease of \$1,500,000 from 2011-2012.
3. Payment for the acquisition of basic equipment to RHAs, DSM and CCMB on a timely basis and in accordance with approved funding levels.
  - Actual outright payments for the acquisition of basic equipment to RHAs, DSM and CCMB are \$17,915,000.
4. Payment of outright funding for approved capital projects to RHAs, DSM and CCMB in accordance with the Manitoba Health Capital Plan.
  - Total outright payments to RHAs, DSM and CCMB for 2012/2013 for approved capital projects were expected to be \$7,425,000. Actual outright payments to RHAs, DSM and CCMB for 2012/2013 for approved capital projects are \$8,126,000. Outright funding reduces the need for funding through approved borrowings.

**8(a) Principal Repayments**

<b>2012/13</b>	<b>Actual</b>	<b>Estimate</b>	<b>Variance</b>	
<b>Expenditures by</b>	<b>2012/13</b>	<b>2012/13</b>	<b>Over(Under)</b>	<b>Expl.</b>
<b>Sub-Appropriation</b>	<b>\$(000's)</b>	<b>\$(000's)</b>	<b>\$(000's)</b>	<b>No.</b>
Acute Care	70,861	67,679	3,182	1
Long Term Care	13,998	13,997	1	
Community and Mental Health Services	3,721	3,721	-	
<b>Total Sub-Appropriation</b>	<b>88,580</b>	<b>85,397</b>	<b>3,183</b>	

Explanation Number:

1. Primarily due to project completions.

**8(b) Equipment Purchases and Replacements**

	<b>Actual</b>	<b>Estimate</b>	<b>Variance</b>	
<b>Expenditures by</b>	<b>2012/13</b>	<b>2012/13</b>	<b>Over(Under)</b>	<b>Expl.</b>
<b>Sub-Appropriation</b>	<b>\$(000's)</b>	<b>\$(000's)</b>	<b>\$(000's)</b>	<b>No.</b>
Acute Care	13,758	13,898	(140)	
Long Term Care	4,157	5,683	(1,526)	1
<b>Total Sub-Appropriation</b>	<b>17,915</b>	<b>19,581</b>	<b>(1,666)</b>	

Explanation Number:

1. Primarily due to lower equipment purchases than planned.

**8(c) Other Capital**

	<b>Actual</b>	<b>Estimate</b>	<b>Variance</b>	
<b>Expenditures by</b>	<b>2012/13</b>	<b>2012/13</b>	<b>Over(Under)</b>	<b>Expl.</b>
<b>Sub-Appropriation</b>	<b>\$(000's)</b>	<b>\$(000's)</b>	<b>\$(000's)</b>	<b>No.</b>
Acute Care	4,967	3,675	1,292	1
Long Term Care	3,159	3,750	(591)	2
<b>Total Sub-Appropriation</b>	<b>8,126</b>	<b>7,425</b>	<b>701</b>	

Explanation Number:

1. Primarily due to increased capital project approvals.
2. Primarily due to decreased capital project approvals.

## Costs Related to Capital Assets

### The objectives were:

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

### The expected and actual results for 2012/13 included:

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
  - Amortization of the costs of assets over the useful life of the asset, in accordance with pre-established timelines
2. The payment of interest expense on capital investment borrowing.
  - The interest expense related to capital investment borrowing was paid in accordance with pre-established timelines

## 9 Costs Related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2012/13 \$(000's)	Estimate 2012/13 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Amortization Expense	3,573	3,965	(392)	
Interest Expense	804	1,336	(532)	1
<b>Total Sub-Appropriation</b>	<b>4,377</b>	<b>5,301</b>	<b>(924)</b>	

Explanation Number:

1. Primarily due to delays in the completion of planned projects.

## Capital Investment

### The objectives were:

- To ensure Health's Capital Investment Authority reflects the costs for priority health information technology capital initiatives.
- The acquisition of medical related equipment.

### The expected and actual results for 2012/13 included:

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
  - In 2012/13 the Provincial Drug Program continued with upgrades to its payment system through the Drug Program Identification Number (DPIN) Renewal project. The project is expected to be completed in 2013/14. This system is used to make payments to individuals and pharmacies.
2. Provision of technology solutions that address health priorities.
  - Investments are being made in the Provincial Drug Program payments systems.
3. Upgraded medical equipment.
  - Manitoba Health acquired new medical equipment to replace obsolete equipment and improve efficiency for Cadham Provincial Laboratory and Selkirk Mental Health Centre.

## Financial Report Summary Information

## Part 1

**Manitoba Health**  
**Reconciliation Statement**  
**April 1, 2012 – March 31, 2013**

DETAILS	2012/13 ESTIMATES (\$000s)
2012/13 Main Estimates:   Allocation of Funds from: Enabling Appropriations	5,094,313
<b>2012/13 Estimates:</b>	<b>5,094,313</b>



## Manitoba Health

## Expenditure Summary

for fiscal year ended March 31, 2013

Estimate 2012/13 \$(000s)	Appropriation	Actual (1) 2012/13 \$(000s)	Actual (2) 2011/12 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	<b>21-1 Administration and Finance</b>				
37	21-1a Minister's Salary	37	37	-	
	<b>21-1b Executive Support</b>				
1,012	1 Salaries and Employee Benefits	1,213	1,146	67	
164	2 Other Expenditures	102	135	(33)	
	<b>21-1c Finance</b>				
5,745	1 Salaries and Employee Benefits	5,926	5,674	252	
1,407	2 Other Expenditures	1,327	1,108	219	1
	<b>21-1d Central Services</b>				
970	1 Salaries and Employee Benefits	1,150	997	153	
209	2 Other Expenditures	191	208	(17)	
518	3 External Agencies	436	426	10	
<b>10,062</b>	<b>Total Appropriation 21-1</b>	<b>10,382</b>	<b>9,731</b>	<b>651</b>	

Explanation Number:

1. Primarily due to the Tobacco Litigation Unit.

**21-2 Provincial Programs and Services**

	<b>21-2a Administration</b>				
232	1 Salaries and Employee Benefits	333	245	88	
53	2 Other Expenditures	75	74	1	
	<b>21-2b Information Systems</b>				
4,324	1 Salaries and Employee Benefits	4,319	4,103	216	
933	2 Other Expenditures	578	580	(2)	
5,181	3 Provincial Program Support Cost	5,377	5,211	166	
	<b>21-2c Provincial Drug Programs</b>				
2,475	1 Salaries and Employee Benefits	2,215	2,030	185	
524	2 Other Expenditures	589	583	6	

Manitoba Health  
Expenditure Summary  
for fiscal year ended March 31, 2013

Estimate 2012/13 \$(000s)	Appropriation	Actual (1) 2012/13 \$(000s)	Actual (2) 2011/12 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-2d				
	Corporate Services				
1,252	1 Salaries and Employee Benefits	1,285	1,196	89	
742	2 Other Expenditures	636	680	(44)	
255	3 External Agencies	255	255	-	
	21-2e				
	Capital Planning				
874	1 Salaries and Employee Benefits	701	719	(18)	
207	2 Other Expenditures	162	166	(4)	
	21-2f				
	Drug Management Policy Unit				
804	1 Salaries and Employee Benefits	565	776	(211)	
178	2 Other Expenditures	1,771	1,181	590	1
95	3 External Agencies	41	95	(54)	
	21-2g				
	Cadham Provincial Laboratory Services				
7,640	1 Salaries and Employee Benefits	8,239	7,986	253	
8,356	2 Other Expenditures	7,401	6,847	554	
	21-2h				
	Selkirk Mental Health Centre				
33,655	1 Salaries and Employee Benefits	37,977	35,753	2,224	2
5,323	2 Other Expenditures	5,136	5,097	39	
	21-2i				
	Provincial Blood Programs Office				
316	1 Salaries and Employee Benefits	254	284	(30)	
61	2 Other Expenditures	49	75	(26)	
	21-2j				
	Manitoba Centre for Health Policy				
2,200	1 Other Expenditures	2,200	2,200	-	
<b>75,680</b>	<b>Total Appropriation 21-2</b>	<b>80,158</b>	<b>76,136</b>	<b>4,022</b>	

Explanation Number:

1. Primarily due to research expenditures offset by general revenues
2. Primarily due to overtime and physician contracts

**Manitoba Health  
Expenditure Summary**  
for fiscal year ended March 31, 2013

Estimate 2012/13 \$(000s)	Appropriation	Actual (1) 2012/13 \$(000s)	Actual (2) 2011/12 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
<b>21-3 Health Workforce</b>					
<b>21-3a Insured Benefits</b>					
5,789	1 Salaries and Employee Benefits	5,526	5,280	246	
2,033	2 Other Expenditures	1,989	1,991	(2)	
<b>21-3b Medical Labour Relations</b>					
1,012	1 Salaries and Employee Benefits	1,144	1,010	134	
375	2 Other Expenditures	335	354	(19)	
1,137	3 External Agencies	882	794	88	
<b>21-3c Health Workforce Strategies</b>					
858	1 Salaries and Employee Benefits	784	652	132	
122	2 Other Expenditures	82	61	21	
<b>11,326</b>	<b>Total Appropriation 21-3</b>	<b>10,742</b>	<b>10,142</b>	<b>600</b>	
<b>21-4 Public Health and Primary Health Care</b>					
<b>21-4a Administration</b>					
341	1 Salaries and Employee Benefits	459	376	83	
294	2 Other Expenditures	303	282	21	
3,272	3 Program Delivery	2,809	1,276	1,533	1
<b>21-4b Public Health Policy</b>					
9,895	1 Salaries and Employee Benefits	9,759	7,763	1,996	2
4,825	2 Other Expenditures	4,063	3,731	332	
15,373	3 Vaccines	15,431	16,634	(1,203)	
12	4 External Agencies	-	-	-	
<b>21-4c Public Health Planning</b>					
1,023	1 Salaries and Employee Benefits	933	818	115	
402	2 Other Expenditures	138	389	(251)	
<b>21-4d Aboriginal and Northern Health Office</b>					
3,391	1 Salaries and Employee Benefits	2,896	2,665	231	
3,639	2 Other Expenditures	3,743	3,561	182	

**Manitoba Health  
Expenditure Summary**

for fiscal year ended March 31, 2013

Estimate 2012/13 \$(000s)	Appropriation	Actual (1) 2012/13 \$(000s)	Actual (2) 2011/12 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-4e				
	Health System Innovation				
1,972	1 Salaries and Employee Benefits	1,756	1,190	566	3
4,197	2 Other Expenditures	4,195	3,303	892	3
311	3 External Agencies	313	311	2	
<b>48,947</b>	<b>Total Appropriation 21-4</b>	<b>46,798</b>	<b>42,299</b>	<b>4,499</b>	

*Explanation Number:*

1. Primarily due to increase in payments for Supportive Housing and Permanent Housing with Supports Programs.
2. Primarily due to the transfer of City of Winnipeg Public Health Inspectors to Manitoba Health.
3. Primarily due to increase in payments for program initiatives.

	<b>21-5 Regional Programs and Services</b>				
	21-5a				
	Administration				
302	1 Salaries and Employee Benefits	306	285	21	
57	2 Other Expenditures	92	79	13	
	21-5b				
	Emergency Preparedness and Response				
1,348	1 Salaries and Employee Benefits	1,306	1,419	(113)	
13,710	2 Other Expenditures	15,802	10,248	5,554	1
23	3 External Agencies	20	16	4	
	21-5c				
	Disaster Management				
484	1 Salaries and Employee Benefits	460	503	(43)	
541	2 Other Expenditures	687	924	(237)	
	21-5d				
	Health System Monitoring				
1,161	1 Salaries and Employee Benefits	1,310	1,225	85	
348	2 Other Expenditures	294	348	(54)	
729	3 External Agencies	728	728	-	
	21-5e				
	Health System Support				
1,382	1 Salaries and Employee Benefits	1,375	1,253	122	
239	2 Other Expenditures	149	183	(34)	



**Manitoba Health  
Expenditure Summary**  
for fiscal year ended March 31, 2013

Estimate 2012/13 \$(000s)	Appropriation	Actual (1) 2012/13 \$(000s)	Actual (2) 2011/12 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-5f				
	Chief Provincial Psychiatrist				
440	1 Salaries and Employee Benefits	449	461	(12)	
60	2 Other Expenditures	44	51	(7)	
	21-5g				
	Health System Development				
799	1 Salaries and Employee Benefits	690	725	(35)	
164	2 Other Expenditures	137	115	22	
<b>21,787</b>	<b>Total Appropriation 21-5</b>	<b>23,849</b>	<b>18,563</b>	<b>5,286</b>	

*Explanation Number:*

1. Primarily due to the Shock Trauma Air Rescue Society (STARS) Program.

**21-6 Office of the Chief Provincial Public Health Officer**

	21-6a				
	Administration				
1,128	1 Salaries and Employee Benefits	750	1,201	(451)	1
347	2 Other Expenditures	302	298	4	
<b>1,475</b>	<b>Total Appropriation 21-6</b>	<b>1,052</b>	<b>1,499</b>	<b>(447)</b>	

*Explanation Number:*

1. Primarily due to staff vacancies.

**21-7 Health Services Insurance Fund**

	21-7a				
	Funding to Health Authorities				
	Acute Care Services				
2,262,674	Long Term Care Services	2,177,421	2,154,408	23,013	1
576,531	Home Care Services	575,988	545,636	30,352	2
298,332	Community and Mental Health Services	325,614	311,515	14,099	2
231,099	Emergency Response and Transport Services	237,684	226,534	11,150	2
70,504	Third Party Recoveries	74,502	63,380	11,122	2
(17,329)	Reciprocal Recoveries	(16,269)	(15,046)	(1,223)	
(65,741)	Recoverable from Urban Development Initiative	(49,291)	(55,915)	6,624	3
(2,000)		(2,000)	(2,000)	-	

**Manitoba Health  
Expenditure Summary**

for fiscal year ended March 31, 2013

Estimate 2012/13 \$(000s)	Appropriation	Actual (1) 2012/13 \$(000s)	Actual (2) 2011/12 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-7b				
	Provincial Health Services				
51,805	Out of Province	46,414	40,207	6,207	4
59,738	Blood Transfusion Services	59,292	59,738	(446)	
2,579	Federal Hospitals	1,887	2,065	(178)	
14,780	Prosthetic and Orthotic Devices	15,857	13,723	2,134	4
1,963	Healthy Communities Development	844	904	(60)	
3,730	Nursing Recruitment and Retention Initiatives	3,375	3,619	(244)	
	21-7c				
	Medical				
1,016,439	Physician Services	988,185	928,057	60,128	5
23,912	Other Professionals	22,506	23,606	(1,100)	
28,517	Out of Province Physicians	27,904	27,465	439	
25,131	Other	19,095	17,938	1,157	
(9,971)	Third Party Recoveries	(9,276)	(8,679)	(597)	
(15,216)	Reciprocal Recoveries	(14,971)	(15,439)	468	
	21-7d				
	Pharmacare				
249,855	Other Expenditures	244,348	249,223	(4,875)	6
<b>4,807,332</b>	<b>Total Appropriation 21-7</b>	<b>4,729,109</b>	<b>4,570,939</b>	<b>158,170</b>	

*Explanation Number:*

1. Primarily due to increases in base line funding to the RHAs, wage increases per approved mandates, and other price and volume increases.
2. Primarily due to increases in base line funding to the RHAs.
3. Primarily due to decreased volumes.
4. Primarily due to increased volumes.
5. Primarily due to increased price.
6. Primarily due to decreased price.

**Manitoba Health  
Expenditure Summary**

for fiscal year ended March 31, 2013

Estimate 2012/13 \$(000s)	Appropriation	Actual (1) 2012/13 \$(000s)	Actual (2) 2011/12 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	<b>21-8 Capital Funding</b>				
	<b>21-8a Principal Repayments</b>				
67,679	1 Acute Care	70,861	61,560	9,301	1
13,997	2 Long Term Care	13,998	14,489	(491)	
3,721	3 Community and Mental Health Services	3,721	3,536	185	
	<b>21-8b Equipment Purchases and Replacements</b>				
13,898	1 Acute Care	13,758	15,922	(2,164)	2
5,683	2 Long Term Care	4,157	5,683	(1,526)	2
	<b>21-8c Other Capital</b>				
3,675	1 Acute Care	4,967	7,455	(2,488)	3
3,750	2 Long Term Care	3,159	3,246	(87)	
<b>112,403</b>	<b>Total Appropriation 21-8</b>	<b>114,621</b>	<b>111,891</b>	<b>2,730</b>	
	<b>21-9 Costs Related to Capital Assets</b>				
3,965	21-9a Amortization Expense	3,573	3,562	11	
1,336	21-9b Interest Expense	804	847	(43)	
<b>5,301</b>	<b>Total Appropriation 21-9</b>	<b>4,377</b>	<b>4,409</b>	<b>(32)</b>	
<b>5,094,313</b>	<b>Total Appropriation 21</b>	<b>5,021,088</b>	<b>4,845,609</b>	<b>175,479</b>	

**Footnotes:**

(1) Actuals for 2013/14 are based on year-end expenditure analysis report dated June 6, 2013.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2013.

**Manitoba Health  
Revenue Summary by Source**  
for fiscal year ended March 31, 2013

Actual <sup>(1)</sup> 2012/13 \$(000s)	Actual <sup>(2)</sup> 2011/12 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.	Source	Actual <sup>(1)</sup> 2012/13 \$(000s)	Estimate 2012/13 \$(000s)	Variance \$(000s)	Expl. No.
9,079	9,066	13		<b>1. Government of Canada:</b>				
				a) Patient Wait Times Guarantee	9,079	9,000	79	
<b>9,079</b>	<b>9,066</b>	<b>13</b>		<b>Sub-Total Health Funds</b>	<b>9,079</b>	<b>9,000</b>	<b>79</b>	
-	2,316	(2,316)	1	b) Labour Market Agreements for People with Disabilities	-	-	-	
-	<b>2,316</b>	<b>(2,316)</b>		<b>Sub-Total Other Agreements</b>	-	-	-	
6,917	4,953	1,964	2	<b>2. Other Revenue:</b>	6,917	7,004	(87)	
<b>15,996</b>	<b>16,335</b>	<b>(339)</b>		<b>Total Revenue</b>	<b>15,996</b>	<b>16,004</b>	<b>(8)</b>	

*Explanation Number:*

1. Funding for Labour Market Agreement for People with Disabilities transferred to Healthy Living, Seniors and Consumer Affairs in 2012/13.
2. Increased revenue primarily due to the transferring of Public Health Inspection from the City of Winnipeg to the Province in 2012/13.

*Footnotes:*

- (1) Actuals for 2012/13 are based on year-end expenditure analysis report dated June 6, 2013
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2013



**Manitoba Health**  
**Five Year Expenditure and Staffing Summary by Appropriation**  
 for years ending March 31, 2009 to March 31, 2013

Appropriation	2008/09 <sup>(2)</sup>		2009/10 <sup>(2)</sup>		2010/11 <sup>(2)</sup>		2011/12 <sup>(1)</sup>		2012/13 <sup>(1)</sup>	
	FTE	\$(000s)	FTE	\$(000s)	FTE	\$(000s)	FTE	\$(000s)	FTE	\$(000s)
21-1 Administration and Finance	117.50	9,145	118.00	9,666	113.00	9,789	115.00	9,731	115.00	10,382
21-2 Provincial Programs and Services	707.98	64,788	715.98	70,890	712.98	73,066	730.98	76,136	739.98	80,158
21-3 Health Workforce	136.29	11,655	135.29	11,123	135.29	10,448	135.29	10,142	135.29	10,742
21-4 Public Health and Primary Health Care	135.28	38,460	134.28	39,457	142.28	40,300	152.28	42,299	176.91	46,798
21-5 Regional Programs and Services	70.25	5,856	69.75	13,783	71.75	13,298	71.75	18,563	73.75	23,849
21-6 Office of the Chief Provincial Public Health Officer	7.00	1,258	8.00	1,314	6.00	1,070	8.00	1,499	8.00	1,052
21-7 Health Services Insurance Fund		3,990,277		4,230,063		4,433,760		4,571,374		4,729,109
21-8 Capital Funding		102,373		85,870		87,025		111,891		114,621
21-9 Costs Related to Capital Assets		4,148		4,623		4,797		4,409		4,377
<b>Total Departmental Expenditures</b>	<b>1,174.30</b>	<b>4,227,960</b>	<b>1,181.30</b>	<b>4,466,789</b>	<b>1,181.30</b>	<b>4,673,553</b>	<b>1,213.30</b>	<b>4,846,044</b>	<b>1,248.93</b>	<b>5,021,088</b>

## Footnotes:

(1) Actuals for 2012/13 are based on year-end expenditure analysis report dated June 6, 2013.

(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2013.

# **Manitoba Health Services Insurance Plan Five-Year Expenditure Summary**

for years ending March 31, 2009 - March 31, 2013 <sup>(1)</sup>

Program	2008/09 \$(000s)	2009/10 \$(000s)	2010/11 \$(000s)	2011/12 \$(000s)	2012/13 \$(000s)
Health Authorities and Facilities <sup>(2)</sup>	2,913,132	3,075,554	3,191,114	3,340,403	3,438,270
Medical <sup>(3)</sup>	825,861	885,943	963,115	972,948	1,033,443
Provincial Programs <sup>(4)</sup>	126,035	120,997	128,971	120,256	127,669
Pharmacare	229,257	234,741	240,384	249,223	244,348
<b>Total</b>	<b>4,094,285</b>	<b>4,317,235</b>	<b>4,523,584</b>	<b>4,682,830</b>	<b>4,843,730</b>

**Footnotes:**

(1) Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2013.

(2) Includes Funding to Health Authorities and Capital Funding.

(3) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.

(4) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.

## Financial Report Summary Information

## Part 2

### Manitoba Health Services Insurance Plan

#### Summary of Estimates

April 1, 2012 – March 31, 2013

DETAILS	2012/13 ESTIMATES (\$000s)
<b>2012/13 Main Estimates:</b>	
Funding to Health Authorities	3,354,070
Provincial Health Services	134,595
Medical	1,068,812
Pharmacare	249,855
Capital Grants	112,403
<b>2012/13 Estimates:</b>	<b>4,919,735</b>

For the year ended March 31, 2013, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund estimates and enabling appropriations totaled \$4,919,735 for planned expenses.

## MANAGEMENT REPORT

Management of Manitoba Health is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2013 have been prepared in accordance with accounting principles consistent with prior years.

Manitoba Health maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system included written policies and procedures, an internal audit program, and an organizational structure which provides for appropriate delegation and segregation of responsibilities.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

*Original signed by*

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Karen Herd, CA  
Deputy Minister of Health

*Original signed by*

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Nardia Maharaj,  
A/Assistant Deputy Minister and  
Chief Financial Officer

Winnipeg, Manitoba  
September 18, 2013



## INDEPENDENT AUDITOR'S REPORT

To the Legislative Assembly of Manitoba  
To the Minister of Health

We have audited the accompanying financial statements of the Manitoba Health Services Insurance Plan, which comprise the statement of financial position as at March 31, 2013 and the statements of operations and accumulated surplus and net debt and cash flow for the years ended March 31, 2013, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Manitoba Health Services Insurance Plan as at March 31, 2013 and the results of its operations and its cash flow for the year ended March 31, 2013 in accordance with Canadian public sector accounting standards.

*Office of the Auditor General*

Office of the Auditor General  
July 26, 2013  
Winnipeg, Manitoba



**MANITOBA HEALTH SERVICES INSURANCE PLAN**  
**Statement of Financial Position**  
**As At March 31, 2013**  
(in thousands of dollars)

	<u>2013</u>	<u>2012</u>
<b>Financial Assets</b>		
Cash	\$ 32,067	\$ 55,710
Funds on deposit with the Province of Manitoba	312,792	337,800
Due from:		
Province of Manitoba - vacation pay (Note 5)	121,663	121,663
Province of Manitoba - post employment benefits (Note 5)	128,177	128,177
Other Provinces and Territories	23,261	31,785
Other	15,408	16,981
	<u>633,368</u>	<u>692,116</u>
<b>Liabilities</b>		
Accounts Payable and Accrued Liabilities (Note 6)	308,099	384,037
Due to:		
Province of Manitoba	75,429	58,239
Province of Manitoba - vacation pay (Note 5)	121,663	121,663
Province of Manitoba - post employment benefits (Note 5)	128,177	128,177
	<u>633,368</u>	<u>692,116</u>
<b>Accumulated Surplus and Net Debt</b>	<u>\$ -</u>	<u>\$ -</u>

**MANITOBA HEALTH SERVICES INSURANCE PLAN**  
**Statement of Operations and Accumulated Surplus and Net Debt**  
**For the Year Ended March 31, 2013**  
(in thousands of dollars)

	Budget 2013	Actual 2013	Actual 2012
<b>Revenue</b>			
Province of Manitoba - Grants	\$ 4,782,405	\$ 4,703,871	\$ 4,550,889
Inter-provincial reciprocal recoveries - Hospital	65,741	49,291	55,915
Inter-provincial reciprocal recoveries - Medical	15,216	14,971	15,439
Third party recoveries	27,300	25,436	23,707
Miscellaneous	2,000	2,109	2,018
	<u>4,892,662</u>	<u>4,795,678</u>	<u>4,647,968</u>
<b>Expenses</b>			
Health Authorities and Facilities	3,414,213	3,365,971	3,278,694
Medical	1,093,999	1,057,690	996,924
Provincial programs	134,595	127,669	123,127
Pharmacare	249,855	244,348	249,223
	<u>4,892,662</u>	<u>4,795,678</u>	<u>4,647,968</u>
<b>Annual Surplus and Net Debt</b>	-	-	-
<b>Accumulated Surplus and Net Debt, Beginning of Year</b>	-	-	-
<b>Accumulated Surplus and Net Debt, End of Year</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

**MANITOBA HEALTH SERVICES INSURANCE PLAN**  
**Statement of Cash Flow**  
For the Year Ended March 31, 2013  
(in thousands of dollars)

	<u>2013</u>	<u>2012</u>
<b>Operating Activities</b>		
Annual Surplus (Deficit)	\$ -	\$ -
Changes in Working Capital:		
Due from:		
Province of Manitoba	-	-
Other Provinces and Territories	8,524	(7,064)
Other	1,573	39,416
Accounts Payable and Accrued Liabilities (Note 6)	(75,938)	(112,941)
Due to:		
Province of Manitoba	17,190	36,284
	<u>(48,651)</u>	<u>(44,305)</u>
<b>Financing Activities</b>		
Funds advanced from the Province of Manitoba	<u>-</u>	<u>-</u>
 <b>Increase (Decrease) in Cash and Funds on Deposit</b>	 (48,651)	 (44,305)
<b>Cash and Funds on Deposit with the Province, Beginning of year</b>	393,510	437,815
<b>Cash and Funds on Deposit with the Province, End of year</b>	<u>\$ 344,859</u>	<u>\$ 393,510</u>
 <b>Consists of:</b>		
Cash	32,067	55,710
Funds on Deposit with Province of Manitoba	312,792	337,800
	<u>344,859</u>	<u>393,510</u>

**Manitoba Health Services Insurance Plan**  
**Notes to the Financial Statements**  
**For the Year ending March 31, 2013**  
**(amounts in thousands of dollars)**

**1. Nature of Operations**

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of *The Health Services Insurance Act*. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

**2. Significant Accounting Policies**

**a. General**

These financial statements have been prepared in accordance with Canadian public sector accounting standards.

**b. Revenue Recognition**

Grants from the Province of Manitoba are recognized in the period in which the funds are drawn from Provincial Appropriations.

Under inter-provincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Revenue related to reciprocal recoveries is recognized in the period that the services are provided.

Manitoba Health recovers amounts for hospital and medical services provided to individuals who are covered under other insurance plans, primarily Manitoba Public Insurance. Revenue related to third party recoveries is recognized in the period that the services are provided.

All other revenues are recognized at a gross amount on an accrual basis.

**c. Financial Instruments**

The financial instruments of the Plan consist of cash, funds on deposit, accounts receivable, accounts payable and accrued liabilities, and amounts due to the Province of Manitoba. All of the Plan's financial instruments are carried at cost. Transaction costs related to all financial instruments are expensed as incurred.

Impaired financial assets are written down to their net recoverable value with the write-down being recognized in the statement of operations.

**d. Net Debt**

Net Debt is equivalent to accumulated surplus as there are no non-financial assets.

**e. Use of Estimates**

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Items requiring the use of significant estimates include any allowance for doubtful accounts related to accounts receivable, and the estimation of accrued liabilities related to Health Authorities, Medical Service Claims, Pharmacare Claims, and General.

Actual results could differ from these estimates.

**f. Administrative and Operating Expenses**

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

**3. Change in Accounting Policy**

Effective April 1, 2012, the Plan adopted the new accounting standards noted below. The adoption of the standards did not have a significant impact on the financial statements.

- PS 2601 Foreign Currency Translation
- PS 3410 Government Transfers
- PS 3450 Financial Instruments

**4. Financial Instrument Risk Management**

The Plan has exposure to the following risks from its use of financial instruments: credit; interest rate, and liquidity risk. Based on the Plan's small amount of foreign currency denominated assets, a change in exchange rates would not have a material effect on its Statement of Operations. There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

**a. Credit risk**

Credit risk is the risk that one party to a financial instrument fails to discharge an obligation and causes financial loss to another party. Financial instruments which potentially subject the Plan to credit risk include cash, funds on deposit, and accounts receivable.

Cash and funds on deposit are not exposed to significant credit risk. Cash is held with a large reputable financial institution and funds on deposit are held by the Province of Manitoba.

Accounts receivable are not exposed to significant credit risk. The majority of the amounts are due from the Province of Manitoba and other provinces and territories; both typically pay in full. No allowance for doubtful accounts is required.

**b. Liquidity risk**

Liquidity risk is the risk that the Plan will not be able to meet its financial obligations as they come due.

The Plan manages liquidity risk by maintaining adequate cash balances and by review from the Department of Health to ensure adequate funding will be received to meet its obligations.

**5. Employee Benefits**

The Plan revised, in 2005, its funding arrangements related to vacation pay and post employment benefits. Prior to 2005, the Plan did not fund the annual vacation leave earned by employees of the Regional Health Authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now provided as vacation pay and post employment benefits are earned by employees subsequent to March 31, 2004.

The amount recorded as due from the Province – vacation pay was initially based on the estimated value of the corresponding liability as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its ongoing annual funding to the Plan, an amount equal to the current year's expense for vacation pay entitlements.

The amount recorded as due from the Province – post employment benefits is the value of the corresponding actuarial liability for post employment costs as at March 31, 2004. There has been no change to the value subsequent to March 31, 2004 because the Province has provided, in its ongoing annual funding to the Plan, an amount equivalent to the change in the post employment liability including annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related post employment liabilities.



**6. Accounts Payable and Accrued Liabilities**

	2013	2012
Health Authorities and Facilities	\$144,895	\$241,631
Medical Service Claims	131,196	114,982
Pharmacare Claims	12,992	13,103
General	19,016	14,321
	<b>\$308,099</b>	<b>\$384,037</b>

**7. Expenditures for Hospital, Medical, and Other Health Services**

The following table summarizes cash payments excluding accrual impact during the fiscal year.

Hospital service payments include services that an insured person is entitled under the Plan to receive at any hospital, surgical facility or personal care home without payment except for any authorized charges that he or she may be liable to pay are:

- in-patient services and out-patient services in a hospital and out-patient services in a surgical facility;
- such services in a hospital as may be specified in the regulations as being additional hospital services that an insured person is entitled to receive under the Plan; and
- subject to any special waiting period in respect of personal care prescribed in the regulations, and subject to meeting the admission requirements for the personal care home personal care provided in premises designated as personal care homes.

Medical service payments include all services rendered by a medical practitioner that are medically required but does not include services excepted by the regulations.

Other health service payments include chiropractic, optometric, or midwifery services, or to services provided in hospitals by certified oral surgeons, or to the provision of prosthetic or orthotic devices, or to any or all of those services.

	2013	2012
Hospital Services	\$2,766,160	\$2,761,227
Medical Services	996,711	985,080
Other Health Services	36,688	35,477

**8. Economic Dependence**

The Plan is economically dependent on the Province of Manitoba for its funding.

**9. Related Party Transactions**

In addition to those related transactions disclosed elsewhere in these financial statements, the Plan is related in terms of common ownership to all Province of Manitoba created departments, agencies and Crown corporations. The Plan enters into transactions with these entities in the normal course of business. These transactions are recorded at the exchange amount.

**10. The Public Sector Compensation Disclosure Act**

The Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act is included as part of the Annual Report of Manitoba Health.

**11. Comparative Figures**

Certain of the prior year's figures have been reclassified to conform to the current year's



## INDEPENDENT AUDITOR'S REPORT

To The Legislative Assembly of Manitoba  
To the Minister of Health

We have audited the accompanying Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2013 ("the Schedule"). The Schedule has been prepared by management based on Section 2 and 5 of The Public Sector Compensation Disclosure Act.

### Management's Responsibility for the Schedule

Management is responsible for the preparation of the Schedule in accordance with Section 2 and 5 of The Public Sector Compensation Disclosure Act and for such internal control as management determines is necessary to enable the preparation of the Schedule that is free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on the Schedule based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the Schedule is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Schedule. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Schedule, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the Schedule in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, made by management, as well as evaluating the overall presentation of the Schedule.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial information in the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2013 is prepared, in all material respects, in accordance with Section 2 and 5 of The Public Sector Compensation Disclosure Act.

### Basis of Accounting

Without modifying our opinion, we draw attention to the Basis of Accounting note to the Schedule, which describes the basis of accounting. The Schedule is prepared to assist the entity to meet the requirements of Section 2 and 5 of The Public Sector Compensation Disclosure Act. As a result, the Schedule may not be suitable for another purpose.

*Office of the Auditor General*

Office of the Auditor General  
June 24, 2013  
Winnipeg, Manitoba

# Manitoba Health Services Insurance Plan

## The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2013

### Basis of Accounting

*This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act."*

*The Act requires the publication of the name of every person who receives \$50,000 or more in the fiscal year for providing services to insured persons under The Health Services Insurance Act, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service amounts only. The payments reported do not include payments that a physician may receive from alternate sources such as salary and contract payments, sessional payments, on-call stipends, etc.*

*The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory, nuclear medicine and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.*

*Persons reading these data should understand that:*

- *These data provide only a record of gross payments made by Manitoba Health to the practitioner.*
- *A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.*
- *As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.*

Abbott B B	\$207,599	Al-Kadhaly M	\$99,622	Anderson M	\$125,699
Abbu G P	\$142,696	Al-Somali F M	\$148,765	Anderson R A	\$311,998
Abdalla S E E	\$240,795	Alai M	\$84,768	Anderson S D	\$79,501
Abdulrehman A S	\$373,261	Albak R E	\$320,931	Anderson T	\$66,669
Abell W R	\$100,996	Alevizos I	\$63,543	Andreiw A	\$190,163
Abidullah M <sup>1</sup>	\$991,074	Ali A M	\$140,115	Andrew C	\$578,572
Abujazia A	\$350,116	Ali A	\$69,473	Anhalt Hicks C D	\$723,781
Adam C J E	\$151,531	Ali M B	\$492,118	Anozie C B	\$441,828
Adam-Sdrolas H L	\$203,705	Ali M A E	\$84,071	Ansar R	\$333,085
Adams D W	\$101,778	Ali T K	\$175,483	Anton A	\$87,948
Adduri V R	\$253,946	Ali Nejad S	\$79,349	Antonissen L A S	\$110,326
Afifi T J	\$1,089,691	Aljafari A	\$204,965	Anttila L K	\$468,852
Ahluwalia R S	\$459,959	Allan D R	\$489,132	Anyadike I O	\$302,734
Ahmad E	\$616,411	Almalky A	\$931,153	Aoki F Y	\$143,263
Ahmad S N	\$248,350	Almoustadi W A	\$174,434	Appendino J P	\$108,572
Ahmed N	\$122,735	Altman A	\$517,903	Aragola S	\$456,152
Ahmed S	\$147,786	Altman G N	\$287,152	Araneda M C	\$115,517
Ahweng A	\$216,915	Alto L E	\$619,574	Armas Enriquez A T	\$218,292
Ahweng A G	\$521,858	Amadeo R J J	\$333,334	Armstrong B	\$362,028
Aiken A	\$142,197	Ambrose D J	\$304,079	Armstrong S <sup>3</sup>	\$1,212,243
Ainley A	\$76,611	Amede K H	\$383,807	Arneja A S	\$334,998
Ainslie M D	\$188,363	Anashara F H	\$81,365	Arneja J	\$404,811
Akintola O	\$664,955	Anastasiades L	\$110,808	Arnott P C	\$297,145
Akra M A	\$110,642	Anderson A	\$108,221	Ashcroft R P	\$206,947
Al Essawi T	\$341,265	Anderson B R	\$336,743	Ashique A	\$113,918
Al Farsi A R	\$75,082	Anderson B	\$212,581	Ashton M	\$67,563
Al Gurashi F	\$397,229	Anderson D M	\$180,498	Askarifar R	\$357,232
Al-Kaabi A	\$269,498	Anderson E	\$86,094	Assaad H M A	\$247,161

Asskar R	\$589,388	Becker M	\$57,188	Booy H	\$367,861
Assuras G N	\$429,967	Beckstead J E	\$113,722	Borkowsky K	\$76,665
Atalla N G	\$210,134	Bedder P	\$318,894	Borley J	\$84,409
Atkinson R	\$226,722	Bedi B	\$258,552	Boroditsky A	\$100,792
Atwal J	\$281,723	Beldavs R A	\$1,208,485	Boroditsky M	\$200,465
Avila Flores F	\$559,216	Bell D D	\$84,665	Boroditsky M L	\$486,954
Awad J	\$374,734	Bellan L	\$548,065	Boroditsky R S	\$125,115
Awadalla A	\$733,219	Bellas J	\$181,686	Borrett G F	\$304,242
Azer N	\$552,146	Bellisario T	\$158,886	Borys A E	\$375,537
Azer N N	\$251,630	Benade E	\$305,752	Botha A	\$175,700
Aziz A N N	\$571,943	Benning H S	\$984,705	Botha D	\$295,500
Azzam H M	\$71,177	Benoit A	\$330,825	Boult I F	\$511,247
Azzam L	\$163,453	Benshaban L	\$282,852	Bourassa B	\$66,545
Babick T R	\$574,418	Bereznay O	\$368,258	Bourdon N	\$79,154
Bacily M A	\$360,463	Bergen J	\$242,158	Bourque C N	\$376,959
Badenhorst F	\$278,925	Bergman A D	\$253,381	Boustcha E	\$248,396
Bagry H	\$309,171	Bergman E	\$176,066	Bovell F M	\$247,081
Bahrami T	\$473,857	Bermack B A	\$305,434	Bow E	\$107,061
Baidwan S K	\$92,943	Bernier M	\$689,642	Bowman M N	\$150,580
Baillie C	\$410,109	Bernstein C N	\$449,437	Boyd A J	\$349,925
Baker C	\$502,764	Bernstein K	\$203,428	Bracken J	\$171,403
Bal S	\$104,490	Beshara E I A	\$416,694	Bracken J H	\$481,582
Balachandra B	\$141,128	Best R L	\$397,125	Bradley B D	\$285,840
Balageorge D	\$397,111	Bhanot P	\$248,855	Bradshaw C D	\$268,301
Balcha B	\$61,982	Bhayana R K	\$314,651	Brandes L J	\$173,119
Balko G	\$303,609	Bhayana R	\$274,393	Brar A	\$123,358
Ball F	\$263,789	Bhayana V	\$75,823	Brar K	\$252,005
Ballen J L	\$57,403	Biala B	\$359,171	Braun E	\$247,998
Banerji S	\$61,292	Bialy P C	\$330,590	Braun K Y	\$170,169
Banerji V	\$53,497	Bibi M	\$317,147	Breckman D K	\$368,490
Banmann D S	\$253,336	Billinkoff E N	\$323,866	Breckman G L	\$206,484
Barac I	\$421,581	Bilos R J	\$198,249	Bretecher G	\$463,931
Barac S	\$184,217	Birk P	\$119,726	Brett M J	\$231,209
Barber L	\$184,266	Birt D	\$364,743	Brinkman R J	\$70,053
Barc J	\$294,275	Bishay F S	\$253,156	Brinkman S	\$260,218
Bard R J	\$321,935	Bishay W	\$336,044	Bristow K	\$111,928
Baria K	\$229,270	Bisson J	\$71,771	Broda R J	\$160,097
Barker M F	\$532,370	Bissonnette A	\$330,199	Brodovsky S C	\$702,853
Barkman J M	\$178,582	Black D R	\$92,299	Brooker G <sup>2</sup>	\$375,124
Barnes J G	\$268,145	Black G B	\$174,560	Brown H J	\$87,643
Barnes W R	\$129,129	Blackie K M	\$57,182	Brown R	\$338,923
Baron C M	\$284,699	Blakley B W	\$144,830	Brownell L	\$199,191
Baron K	\$409,860	Blouw R H	\$305,107	Bruce K	\$65,120
Barron L W	\$375,236	Blydt-Hansen T D	\$72,423	Bruneau M R	\$262,895
Barske H L	\$101,365	Blyth S	\$299,714	Bshouty Z	\$175,813
Barteaux B	\$135,081	Bock G	\$368,694	Buchel E W	\$1,057,583
Bartlett L C	\$192,152	Boguski G	\$94,628	Buchel T L	\$50,046
Bashir B	\$263,615	Bohm C J	\$334,094	Buchik G M	\$132,339
Basson A	\$54,534	Bohm E R	\$357,823	Budolowski B A	\$55,548
Basson H J	\$348,717	Bohn J A	\$252,515	Bueddefeld H D	\$373,167
Battad A B	\$209,923	Bolton D R	\$346,588	Buenafe J	\$397,701
Bay T	\$109,443	Bolton J M S	\$120,663	Bueti G <sup>3</sup>	\$1,034,759
Baydock B	\$140,470	Boman J	\$162,975	Buffie J	\$98,276
Bayer C	\$70,375	Book B H	\$85,589	Buffie T	\$118,714
Beaudette R M	\$141,053	Bookatz B J	\$297,383	Buffo Sequeira I	\$190,595
Beaumont I D	\$104,011	Booth F	\$103,513	Bullard J	\$69,460
Becker A	\$170,181	Booth S A	\$417,068	Bullen S A	\$121,043

Bullock Pries K R	\$201,641	Chin D	\$1,026,481	Cronin R J	\$205,447
Bunge M K <sup>2</sup>	\$77,919	Chittai D M	\$139,401	Crosby J A	\$482,386
Burke M E	\$171,201	Cho P A	\$643,897	Cross R	\$262,254
Burnell C D C	\$614,700	Chochinov P H	\$271,975	Crust L J	\$79,227
Burnet N	\$285,237	Chodirker B N	\$230,775	Csupak E M	\$290,519
Burnett C J	\$235,190	Chopra A	\$395,607	Cumming G	\$63,106
Burnett M	\$200,222	Choptiany R B W	\$195,466	Cummings M L	\$323,249
Burnett M	\$260,545	Choptiany T I	\$474,347	Cuvelier G	\$68,178
Burnette D M	\$136,377	Chow C	\$397,839	Czaplinski J E	\$110,769
Burtch D	\$60,170	Chow H	\$95,494	Czaplinski K	\$272,024
Burym C J	\$484,594	Chow M	\$72,977	Czarnecka M M	\$225,021
Butler J B	\$228,382	Chowdhury A D	\$195,617	Czarnecki W	\$501,166
Butler N	\$443,322	Chowdhury T	\$101,359	Czaykowski P M	\$144,580
Butt S	\$78,941	Choy S C	\$152,061	D'Mello A	\$95,369
Bynkoski S A	\$83,370	Christodoulou C C	\$441,789	Da Silva H	\$75,576
Calderon-Grande H E	\$264,344	Chubaty R A	\$447,729	Da Silva L M	\$370,406
Calhoun L L	\$143,482	Chudley A E	\$131,460	Dabrowski P T	\$144,741
Cameron M R	\$315,199	Chung L	\$396,693	Daeninck P J	\$117,990
Campbell B	\$198,717	Ciecierski D	\$221,069	Dakshinamurti S S	\$295,691
Campbell G	\$325,179	Cisneros N	\$501,444	Dalke M T	\$50,940
Campbell N	\$144,874	Clark I H	\$201,324	Dalling G N	\$214,677
Canadas L A	\$246,809	Clark M A	\$231,299	Dandekar A S	\$483,943
Caners D	\$643,607	Clark S G	\$263,399	Dang T H	\$263,968
Caners T	\$129,920	Clark T A	\$281,596	Daniels V	\$176,502
Cannon J E	\$214,684	Clayden G	\$496,879	Dao V V B	\$132,471
Canteenwala S	\$54,928	Cleghorn S	\$625,605	Daoud H M A	\$75,070
Cantor M J	\$396,126	Coates K R	\$491,188	Darczewski I	\$311,065
Caplan A H	\$261,712	Cochrane D	\$98,519	Darichuk L G	\$73,404
Caplan D C	\$249,701	Cohen B A	\$764,454	Dart A B	\$83,362
Cappellani R B	\$352,307	Collin M B	\$202,518	Dascal M A	\$313,220
Card A	\$91,744	Collison L M	\$258,633	Dashefsky S M	\$521,363
Carpenter N	\$426,727	Collison S	\$114,832	David M F	\$379,003
Cartagena R A	\$444,380	Collister C W	\$107,381	Davidson J M <sup>2</sup>	\$4,518,358
Carter C	\$65,196	Connelly P	\$84,280	Davis M H	\$218,724
Carter R	\$170,513	Connor D	\$721,943	Davis M O	\$403,165
Casey A R	\$244,935	Connor D H	\$86,239	Davloor R	\$189,073
Caswell B	\$125,596	Consunji-Aranet R	\$132,381	Day M	\$84,295
Caswill M	\$149,454	Convery K	\$307,232	Daya J J	\$422,545
Cattani L	\$162,077	Coodin M G	\$273,365	Daymont C B	\$72,306
Cavallo D	\$385,103	Coodin S Z	\$138,229	De Klerk R R	\$75,420
Cavers K J	\$210,207	Cooke A L	\$177,115	De Korompay V	\$401,641
Chakraborty A R	\$289,128	Coombs J	\$75,512	De Moissac P C	\$339,988
Chale K	\$58,519	Corbett C	\$573,962	De Muelenaere P	\$1,283,440
Chan E L	\$296,993	Corbett R P	\$67,606	De Rocquigny A J	\$600,781
Chan J	\$50,465	Cordova J L	\$224,468	De Wit S L	\$540,434
Chan J J	\$160,027	Cordova Perez F	\$195,668	Dean E C	\$503,019
Chan L H	\$178,790	Corne S I	\$487,043	Dean H	\$57,980
Chan T	\$205,761	Cossoy M	\$79,130	Debnath P K	\$155,167
Chapman L	\$537,619	Cowan D J	\$313,656	Debrouwere R G	\$277,099
Chatel N L	\$241,756	Cowden E	\$241,251	Decock C	\$105,867
Chau J K M	\$221,104	Coyle S J	\$194,097	Decter D	\$438,034
Chenier D	\$66,202	Cram D H	\$619,268	Dekoninck T	\$53,172
Chenier P	\$64,499	Cranston M E	\$62,578	Demsas H	\$336,085
Cherian R	\$106,068	Craton N	\$125,672	Denis J P	\$106,479
Chernish G M	\$64,093	Crawford D	\$231,156	Deonarine L	\$467,577
Cheung L K	\$114,730	Cristante L	\$974,653	Deong P J	\$376,967
Chimilar J D	\$56,803	Crockett M	\$88,090	Derzko L	\$71,111



Desmarais G P	\$125,286	Duke P C	\$110,080	Esser C M	\$68,873
Desmond G H	\$339,714	Dumatol-Sanchez J	\$416,317	Ethans K D	\$148,831
Deutscher R	\$342,830	Dumont R	\$57,107	Evans H	\$77,674
Dhaliwal J S	\$292,313	Duncan S J	\$417,276	Evans M J	\$106,725
Dhaliwal R	\$61,074	Dunford D A	\$117,674	Ewert F J	\$353,594
Dhalla S S	\$1,287,480	Dunsmore S E	\$212,109	Fagbemigun A	\$164,126
Dhanjal P	\$176,386	Dupont J O <sup>4</sup>	\$707,617	Fainman S E	\$182,383
Dharamsi N	\$90,749	Duval R	\$218,111	Falconer T	\$89,567
Dhindsa N	\$154,784	Dyck G H	\$475,684	Faltas S	\$468,433
Diamond H D	\$123,145	Dyck M P	\$249,177	Famouri S	\$164,744
Dias E M	\$77,876	Dzikowski D R	\$348,698	Fanella S T	\$93,025
Dillon J D	\$355,278	Eaglesham H <sup>2</sup>	\$939,305	Farmer R C	\$196,703
Dillon L G	\$97,273	Earl K D G	\$262,908	Fast M D	\$364,638
Dillon T	\$56,339	Ebbeling-Trean L	\$285,639	Fatoye A	\$84,473
Diocee R	\$71,687	Edward G	\$373,962	Feasey D	\$95,193
Dionne C	\$391,127	Edye-Rowntree J A	\$90,099	Fedorow C	\$295,116
Dissanayake D	\$271,241	Egan M M	\$119,550	Feierstein M	\$186,155
Dizon A M	\$122,818	Egey-Samu Z	\$111,752	Ferguson D A	\$111,324
Do K M	\$61,498	Eggertson D	\$310,047	Finlayson N A	\$201,589
Doak G J	\$239,895	Eghtedari-Namin F	\$193,277	Finney B A G	\$231,815
Doan Q	\$199,785	Ehsaei F	\$105,758	Fiorentino E J F	\$88,104
Docking L M	\$305,211	Ekins M B	\$163,205	Fisher M	\$119,540
Doermer E	\$408,510	El-Gaaly S A	\$98,874	Fishman L	\$381,314
Doerr J J	\$344,788	El-Gabalawy H S	\$105,002	Fitzgerald M	\$253,606
Dolynchuk K N	\$226,640	El-Matary W M M	\$153,201	Fjeldsted F H	\$335,440
Dominique F	\$222,026	Elahiyoun K	\$58,936	Flattery P M	\$155,258
Domke H	\$308,333	Elbardisy N	\$460,956	Fleisher M L	\$110,367
Domke S	\$324,636	Eleff M K	\$132,364	Fleisher W P	\$102,379
Dookeran R	\$1,279,445	Elgazzar R F	\$91,852	Fleming F L	\$282,520
Dornn B	\$137,995	Elias K	\$453,013	Fletcher C W	\$285,182
Dowhanik M A	\$84,499	Elkams S N B	\$346,052	Foda A H	\$144,546
Dowhanik P B J	\$139,789	Elkhemri A M	\$474,560	Foerster D R	\$330,095
Downs A C	\$376,413	Elkin J	\$271,220	Fogel R B	\$116,702
Doyle J	\$142,801	Elkin M S	\$330,847	Fong H	\$379,787
Drachenberg D E	\$634,315	Elkurbo M A	\$120,506	Fontigny N J	\$309,965
Drain B	\$141,497	Elliott J	\$220,568	Fotti C P	\$220,205
Dressler G R	\$71,606	Elliott J	\$180,751	Fotti S A	\$251,919
Drew E	\$62,903	Elves E	\$744,098	Fourie H	\$83,448
Drew-Scott R	\$191,290	Embil J M A	\$862,045	Fourie T	\$381,046
Drexler J	\$524,552	Embree J E	\$87,980	Frame H	\$295,563
Dreyer C	\$85,529	Emery C	\$283,559	Fraser D B	\$52,359
Drobot G R	\$157,471	Eng S	\$384,787	Fraser M B	\$275,811
Du G	\$56,695	Engel C	\$446,247	Fraser V H	\$167,601
Du Plooy J	\$207,852	Engel J S	\$527,528	Frechette C	\$172,810
Du Preez J	\$102,036	Engel M	\$57,473	Frechette M	\$417,089
Du Toit L L	\$55,939	Engelbrecht J F	\$282,641	Frechette S C	\$409,247
Dubberley J	\$322,250	Engelbrecht S	\$310,207	Frederick D V	\$78,846
Dubyna D	\$538,038	Enns J P	\$516,174	Fredette P	\$288,235
Ducas D A	\$128,135	Erfanfar A	\$77,221	Freed D H	\$590,313
Ducas J	\$593,783	Erhard P	\$102,690	Freedman J I	\$134,277
Dueck D	\$378,406	Eschun G M	\$93,790	Freitas E A	\$222,949
Duerksen C	\$469,363	Eshghi Esfahani F	\$418,977	Friedman T	\$139,820
Duerksen D R	\$544,624	Eskandargergies S	\$166,126	Friesen J	\$289,476
Duerksen K	\$81,019	Eskarous S	\$463,969	Friesen S	\$61,161
Duerksen M T	\$306,683	Esmail A	\$559,070	Froese W	\$390,159
Duff B D	\$160,037	Espenell A E	\$152,818	Frohlich A M	\$483,849
Duffy G	\$181,204	Essa R A A	\$491,706	Fuchs G R	\$361,418

Fung H <sup>2</sup>	\$566,258	Gomori A J	\$215,386	Haleis A R	\$139,170
Funk D J	\$221,766	Gonzalez-Pino F	\$250,143	Haligowski D	\$250,928
Fuzeta G	\$151,342	Gooi A C	\$303,561	Halka H	\$141,241
Gabor J	\$122,195	Gooi T H	\$587,516	Hall A D	\$78,337
Gabriel M	\$159,078	Gooi T L	\$623,883	Hall B A	\$53,357
Galenzoski K J	\$202,826	Goossen M	\$694,724	Hallatt D	\$121,788
Galesiere P F	\$729,283	Goossen R	\$55,281	Hamedani R	\$401,056
Galimova L	\$393,020	Gordon J	\$384,935	Hameed K A	\$390,406
Gali R M	\$498,684	Gordon V	\$154,048	Hamilton J M	\$110,203
Gallagher K	\$169,506	Gordon W L	\$163,610	Hammell J	\$127,784
Garba S	\$691,860	Goubran A W	\$658,628	Hammond A W	\$440,172
Garber L	\$440,220	Gouda F F	\$311,599	Hammond G W	\$150,971
Garber P J	\$254,851	Gould L F	\$413,010	Hancock B J	\$194,777
Gard S	\$360,608	Goulet S C	\$219,223	Hanlon-Deerman A C	\$123,173
Gauthier S W	\$66,431	Govender P	\$420,076	Hanna I	\$279,938
Gayed A	\$174,298	Governo N J	\$253,828	Hanna M	\$507,963
Gdih G A M	\$1,258,870	Goytan M J	\$1,085,551	Hanna M	\$258,664
Geneve M	\$565,403	Grabowski J L	\$422,518	Hanna M H	\$216,334
George R H	\$235,090	Grace K J	\$252,644	Hanna N S	\$97,118
Georgi M	\$69,159	Graham C P	\$281,661	Harding G A J	\$105,727
Gera R M	\$543,269	Graham K	\$450,041	Harding G E	\$616,155
Gerber J D W	\$306,151	Graham M R	\$179,806	Hardy B <sup>2</sup>	\$513,746
Gerges H F	\$70,002	Graham R	\$100,022	Hardy K M	\$171,065
Gerstner T V	\$405,923	Grass S B	\$387,518	Haresha A	\$497,312
Gertenstein R J	\$534,765	Gray M G	\$241,052	Harms S	\$407,224
Ghazali S	\$59,910	Greenberg C R	\$99,031	Harrington M W	\$254,676
Ghebray T M	\$224,110	Greenberg H M	\$274,451	Harris P	\$718,900
Ghebrial M S N	\$279,723	Gregoryanz T	\$254,045	Harrison W D <sup>2</sup>	\$1,493,671
Ghoneim M S	\$394,598	Grenier D	\$104,027	Hartley D M	\$350,864
Giannouli E	\$509,388	Greyling L D L	\$210,668	Hasan M	\$109,677
Giesbrecht D R	\$324,478	Griffin P	\$143,199	Hasdan G	\$249,990
Giesbrecht J E	\$169,725	Griggs G	\$246,664	Haseeb S	\$57,556
Giles B L	\$61,456	Grimbeek F	\$83,244	Hashem F A	\$454,208
Gill B	\$249,042	Grimes R B	\$264,722	Hashmi S	\$468,378
Gill E	\$265,902	Gripp K E	\$66,443	Hawaleshka A	\$251,150
Gillespie B	\$766,149	Grobler W P	\$352,865	Hawe R D	\$284,825
Gillespie J L	\$229,850	Grocott H P	\$265,959	Hayakawa T E	\$535,816
Gillman L	\$166,068	Groenewald L H	\$130,571	Haydey R P	\$1,020,202
Gillman M	\$69,340	Groohi B	\$192,094	Hayward R J	\$536,565
Gingerich J R	\$195,902	Groves L	\$284,065	Hebbard P	\$152,558
Gingerich R	\$182,431	Gudmundson C	\$343,234	Hechler P	\$169,458
Girard J	\$357,524	Guindi N S	\$390,784	Hechtenthal N	\$271,796
Girgis F S	\$413,042	Guindy S	\$395,463	Hedden D R	\$554,112
Girgis H E	\$193,147	Gujral P	\$320,254	Hedden J R	\$218,445
Giuffre J	\$401,534	Gulati H	\$341,472	Heese H	\$67,552
Glacken R P	\$251,851	Gumber R	\$134,667	Heibesh S G F	\$546,839
Glazner K A	\$158,522	Gupta A	\$231,692	Heidenreich W	\$132,555
Glenn D M	\$130,514	Gupta C K	\$84,165	Helewa M E	\$56,414
Glew W B	\$251,082	Gupta D K	\$562,322	Helms J B	\$516,896
Glezerson G	\$490,984	Guzman R	\$640,442	Henderson B <sup>2</sup>	\$3,743,731
Globerman D J	\$82,644	Gwozdecki T M	\$405,857	Henderson C	\$67,414
Glover P G	\$52,455	Haberman C J	\$320,495	Henry D W	\$245,641
Goeke F	\$285,231	Haggard G G	\$349,672	Henry S F	\$131,503
Goerz P G	\$127,206	Hahlweg K A	\$205,664	Hershfield E S	\$164,266
Goldberg A	\$66,591	Hai M A	\$301,604	Hiebert T <sup>5</sup>	\$83,635
Goldberg N	\$218,468	Haiart D C	\$121,509	Hiebert T <sup>5</sup>	\$98,745
Goldenberg D	\$416,201	Hajidiacos N	\$213,983	Higgins R <sup>2</sup>	\$435,160

Hildahl C	\$251,266	Inglis D	\$458,156	Jowett A	\$309,206
Hildebrand B C	\$170,984	Ingram P F	\$174,126	Junaid A	\$348,459
Hilderman L	\$211,658	Intrater H	\$364,454	Kabani A M <sup>1</sup>	\$145,835
Hildes Ripstein G E	\$125,493	Ip A	\$361,089	Kaethler W	\$340,760
Hitchon C	\$130,961	Iqbal I	\$499,374	Kahanovitch D	\$369,883
Hlynka A	\$418,442	Ireland W	\$64,498	Kaita K D E	\$360,889
Ho J	\$53,400	Irving J E	\$372,003	Kaldas N N R	\$200,008
Ho K S	\$50,393	Isaac C	\$263,724	Kaler J	\$56,291
Hobbs C L	\$78,539	Isaacs R L	\$144,810	Kalichinsky C	\$139,129
Hobson D E	\$339,627	Iskander S S G	\$406,326	Kaltornyk B P	\$162,520
Hochman D J	\$617,060	Iskander S F	\$353,614	Kania J	\$610,987
Hochman J	\$278,234	Islur A	\$544,096	Kanwal J	\$213,266
Hochman M	\$361,814	Israels S J	\$67,397	Kaplan J	\$137,419
Holder F	\$261,231	Itzkow B	\$85,711	Karlicki F <sup>2</sup>	\$564,425
Holland-Muter E	\$242,826	Ivey J	\$142,271	Karpinski M E	\$436,986
Holmes C	\$140,798	Jabs M	\$84,694	Karvelas J	\$176,472
Holmes J	\$99,849	Jackson A C	\$59,814	Kashin R S	\$165,133
Holowenko D S	\$95,391	Jackson J H	\$58,609	Kasper K D	\$224,647
Holroyd D	\$82,788	Jacob M V <sup>2</sup>	\$507,734	Kass M	\$705,928
Homik L	\$760,208	Jacob T K	\$69,648	Kassier K	\$696,892
Honiball J J	\$511,693	Jacob V C	\$770,882	Kati A A	\$270,278
Hooper D	\$523,454	Jacobs J	\$460,414	Katz G A	\$343,020
Hooper W M	\$307,283	Jacobsohn E	\$165,093	Katz L	\$126,541
Horton J	\$60,563	Jaeger C	\$295,172	Katz P	\$192,587
Hosegood G	\$83,272	Jagdeo A	\$374,462	Katz P	\$187,451
Houston D S	\$77,695	Jain M	\$650,597	Kaufman R	\$100,989
Hoy C S	\$71,850	Jain N K	\$135,173	Kaur B	\$92,608
Hoy G J	\$218,214	James J M	\$137,469	Kaushal R D	\$341,926
Hoy M L	\$261,292	Jamora E	\$78,704	Kayler D E	\$634,738
Hoyeck A	\$124,574	Janjua M M	\$246,680	Kearns K	\$171,845
Hrabarchuk B	\$415,778	Jansen Van Rens N	\$568,599	Keddy-Grant J	\$280,280
Hudgel D	\$313,565	Jason M	\$175,784	Kehler T	\$91,798
Huebert D M	\$500,169	Jassal D	\$499,261	Keijzer R	\$106,435
Huebert H T	\$96,214	Jebamani S	\$251,099	Kelleher B E	\$152,417
Hughes P	\$68,589	Jellicoe P	\$197,720	Kellen P	\$336,932
Hughes P M	\$221,708	Jenkins K A	\$50,115	Kellen R I	\$690,456
Hughes S C	\$95,563	Jenkinson D	\$54,698	Kemkaran K	\$306,861
Hunt D A	\$219,453	Jensen B	\$66,214	Kennedy M F	\$173,381
Hunt J	\$485,888	Jensen C W B	\$346,629	Kepron W	\$248,977
Hunter C	\$199,315	Jensen D M	\$483,942	Kerr L	\$124,828
Hurd C	\$191,066	Johnson A W	\$53,591	Kerr P D	\$340,071
Hurst L D	\$496,175	Johnson B	\$258,495	Kesselman E	\$92,728
Husarewycz S	\$366,223	Johnson C	\$176,275	Kettler J J	\$193,815
Hussain F	\$703,809	Johnson D	\$579,147	Kettner A	\$149,486
Hussain S	\$222,281	Johnson E	\$190,674	Keynan Y	\$153,604
Hutchison T	\$246,689	Johnson M G	\$851,228	Khadem A	\$531,371
Hutfluss G J	\$355,887	Johnson R G	\$245,026	Khan A H	\$376,785
Hyman J R	\$159,554	Johnston C	\$83,186	Khan A F	\$54,261
Hynes A F	\$224,536	Johnston J B	\$155,804	Khan N M	\$418,848
Ibbitt C J	\$243,363	Johnston J L	\$117,801	Khan S J	\$208,467
Ibrahim A F A	\$773,964	Jolly K S	\$97,655	Khanahmadi S	\$64,751
Ibrahim M	\$203,516	Jones J L	\$246,310	Khandelwal A S	\$397,779
Ilichyna D C	\$310,055	Jones J	\$100,238	Khangura D	\$481,270
Ilnyckyj A	\$339,095	Jones K D	\$76,454	Kharma N	\$68,067
Ilse W K	\$276,679	Joshua J M	\$226,818	Khelil A I	\$290,271
Imam I E B	\$399,132	Joundi M G	\$390,082	Khoury M	\$57,040
Ingimundson J C	\$116,562	Jovel R E	\$263,509	Kim H K	\$170,810

Kimelman A L	\$153,696	Kroft C D L	\$137,935	Lee-Kwen J	\$85,717
Kindle G F <sup>2</sup>	\$696,207	Krongold I	\$118,577	Lee-Wing M W	\$717,762
King T D	\$113,034	Krongold P	\$180,597	Leen D A	\$254,913
Kinnear D	\$346,347	Kruk R D	\$317,187	Lefevre G R	\$68,504
Kinsley D C	\$377,952	Krzyzaniak K M	\$254,409	Lehmann H	\$166,022
Kinsner J M	\$80,459	Kucparic P	\$149,094	Lei B T C	\$442,843
Kippen J D <sup>2</sup>	\$219,086	Kuegle P F X	\$342,055	Leicht R	\$1,287,964
Kippen R N	\$336,556	Kulbisky G P	\$50,341	Leitao D J	\$290,963
Kirkpatrick I D C	\$494,676	Kumar A	\$444,471	Lekic P C	\$118,481
Kirshner A	\$400,234	Kumar R	\$86,250	Leloka C M	\$393,134
Kish S L	\$236,051	Kumbharathi R B	\$98,186	Lemoine G G	\$248,069
Kisil D	\$54,086	Kuo B	\$311,778	Lemon K	\$68,275
Klaponski S	\$150,281	Kuzenko N J L	\$125,416	Lemon P W	\$221,043
Klassen D H	\$300,067	Kyeremateng D	\$365,164	Lerner N	\$303,965
Klassen L J	\$116,283	Labiyaratne C	\$115,682	Lesiuk T P	\$73,483
Klassen N F	\$273,164	Lacerte M M	\$221,922	Leslie H	\$62,018
Klassen O	\$130,232	Lach L A	\$112,064	Letkeman R C	\$264,418
Klassen R	\$158,926	Lafournaise C L	\$119,902	Letts K	\$73,528
Kliewer K	\$351,089	Lage K L	\$241,803	Leung E	\$87,834
Klippenstein N L	\$776,300	Lagowski M C	\$199,296	Leung Shing L P	\$255,682
Kloppers A A	\$480,064	Lam C C	\$98,799	Levi C S <sup>2</sup>	\$435,785
Kloss R	\$63,602	Lam D S C	\$287,923	Levin B L	\$429,450
Klym K L	\$127,016	Lam H P	\$675,564	Levin G	\$207,913
Knezic K A	\$146,158	Lamb J A	\$171,274	Levin H	\$223,116
Koczanski R	\$151,410	Lamba K S	\$191,089	Levin I	\$395,474
Koenig J K	\$1,085,082	Lambert D A	\$246,759	Levy S B	\$261,218
Koensgen S J	\$110,205	Lambrechts H	\$319,812	Lewis A B	\$177,944
Kogan S	\$259,460	Lander D A	\$55,897	Leylek A	\$179,007
Koh C	\$151,350	Lander M	\$83,893	Lezack J D	\$295,231
Kohja A A	\$315,640	Lane E S	\$259,569	Li W	\$222,844
Kojori F	\$127,787	Lane M A	\$87,216	Lieberman D K	\$278,883
Kolt A M	\$105,060	Lang C	\$309,153	Lindenschmidt R B	\$335,496
Koltek M M	\$108,963	Langan J T	\$399,387	Lindenschmidt R R	\$329,255
Komenda B W	\$246,189	Langridge J K	\$318,798	Lindquist L <sup>2</sup>	\$517,685
Komenda P V J	\$159,244	Large G	\$324,708	Lindsay D	\$65,172
Kong A M C	\$194,161	Larue L B	\$113,563	Lindsay D J <sup>2</sup>	\$1,120,626
Koodoo S R	\$324,803	Lau Y	\$540,550	Lines J B	\$59,236
Kosowan M R	\$351,477	Laurencelle R	\$85,810	Lint D W	\$141,465
Kostyk R	\$55,049	Lautenschlager E	\$91,825	Lipinski G	\$211,543
Kotecha Y	\$371,576	Law J R	\$104,178	Lipnowski S	\$697,404
Koulack J	\$646,286	Lawrence P H	\$599,187	Lipschitz J	\$812,333
Kousonsavath R	\$164,930	Lazar M H	\$302,969	Littleford J A	\$322,391
Koven S	\$58,667	Lazareck S L	\$67,376	Liu J	\$214,541
Kovnats S	\$116,126	Lazarus A	\$368,488	Livingstone C	\$82,698
Kowalchuk I J	\$322,968	Le Roux C	\$140,938	Lloyd D A	\$293,541
Kowalski S	\$192,032	Le Roux P C	\$390,772	Lloyd R L <sup>2</sup>	\$1,815,282
Krahn C	\$290,366	Leader E	\$60,761	Lo E	\$228,271
Krahn J	\$326,893	Lebedin W W	\$471,688	Loader K	\$279,099
Krahn M	\$95,816	Lecuyer N S	\$151,626	Lockman L E	\$544,762
Kramer M	\$196,678	Lee F F	\$340,341	Lockwood A P	\$65,238
Kraut A	\$84,233	Lee G Q	\$201,292	Loepp C	\$192,464
Kredentser J	\$129,627	Lee H B	\$355,007	Loewen E D M	\$90,636
Kremer S	\$89,685	Lee J J Y	\$545,504	Loewen S R	\$95,549
Kremi J	\$284,272	Lee S	\$933,690	Lofgren S R	\$141,949
Krocak T J	\$229,832	Lee T J	\$352,109	Logan A C	\$526,708
Kroeker L R	\$359,379	Lee T W	\$361,090	Logsetty S	\$184,828
Kroeker M A	\$286,932	Lee V K	\$745,736	Long A L	\$1,044,991

Longstaffe A E	\$371,676	Malekalkalami A	\$134,444	Mcfayden R W C	\$104,587
Longstaffe J	\$62,276	Malik A	\$61,805	McGinn G <sup>2</sup>	\$1,489,164
Longstaffe S	\$134,570	Malik B S	\$735,889	Mcgregor B	\$233,037
Lopez G	\$67,032	Malik R N	\$655,345	Mcgregor T B	\$308,134
Lopez Gardner L L	\$201,268	Malo S	\$126,049	Mcintyre I L	\$235,930
Lorteau G	\$66,032	Mammen T	\$594,269	Mcintyre I W	\$267,500
Lotocki R J	\$478,133	Mancini E V	\$58,578	Mckay M A	\$319,845
Loudon M	\$347,400	Manishen W J	\$392,584	Mckenzie T	\$161,092
Lowden C S	\$382,474	Manness R C	\$196,226	McLeod J K	\$114,732
Lu P B	\$183,970	Mansfield J F	\$257,748	Mcnaught J	\$150,172
Lucman T S	\$327,604	Mansour H M S	\$205,263	Mcneill A M	\$230,721
Lucy S	\$396,963	Manuel P	\$122,768	Mcphee J	\$263,216
Ludwig L	\$198,250	Manusow D	\$469,470	Mcperson J A M	\$196,225
Ludwig S	\$240,482	Marais F	\$375,795	Mctaggart D L	\$205,485
Luk T L	\$292,602	Marantz J <sup>2</sup>	\$223,551	Mctavish W G	\$241,322
Lukie B J	\$376,685	Mare A C	\$326,551	Medd T M	\$51,495
Lulashnyk B J	\$201,571	Margolis N	\$54,139	Meen E K	\$131,285
Lum Min S	\$169,923	Marks S D	\$112,391	Megalli Basali S F	\$384,524
Lyn B E	\$68,840	Marles S L	\$92,717	Mehrabi F	\$79,857
Lynch J M	\$55,864	Marrie R A	\$68,778	Mehta A	\$173,754
Lyons E A <sup>2</sup>	\$756,637	Marriott J J	\$137,686	Mehta P G	\$455,292
Lysack A M	\$75,414	Marsh D W	\$170,658	Mekhail A	\$405,516
Lysack D A	\$572,181	Marshall K	\$50,580	Mellon A M	\$473,460
Mabifa O	\$134,877	Marshall M	\$83,534	Melo Alfaro L C	\$117,177
Mabin D <sup>2</sup>	\$563,464	Martens D B	\$288,050	Memauri B F	\$67,027
Macdiarmid A L	\$190,764	Martens M D	\$102,570	Memon G	\$214,987
Macdonald P	\$422,566	Martens R	\$240,269	Memon R	\$183,164
Macdougall B	\$175,083	Martens Barnes C	\$142,914	Menard S	\$247,112
Macdougall E	\$164,405	Martin D	\$93,124	Menkis A H	\$185,059
Macdougall G	\$523,498	Martinez E R	\$395,214	Menticoglou S	\$796,110
Maceachern N	\$291,068	Marx T	\$324,545	Menzies R J	\$538,058
Macek R K W	\$160,872	Maslow K D	\$735,626	Mercier N	\$177,444
Macintosh E L	\$502,939	Masoud I A	\$505,958	Mestdag B E	\$109,516
Mackalski B A	\$550,830	Mathen M K	\$904,765	Mestdag R J	\$87,429
Mackay M J	\$175,329	Mathew G	\$421,057	Mestito Dao I	\$69,542
Mackenzie G S	\$492,097	Mathieson A L	\$334,465	Meyers M	\$53,941
Macklem A K	\$454,317	Mathison T L	\$164,323	Meyrowitz D	\$226,053
MacLeod B A	\$234,746	Matsubara T K	\$329,036	Mhanni A	\$162,305
Macmahon R	\$262,633	Matthew T	\$236,873	Mian M T	\$212,269
Macmillan M B	\$351,251	Matthews C M	\$223,907	Micflikier A B	\$1,939,754
Macnair T L	\$580,733	Matthews N	\$252,429	Mikhael S	\$320,384
Macrodimitis A G	\$189,882	Maxin R	\$141,987	Mikhail A	\$274,467
Madison A M	\$360,468	Maxwell I	\$151,896	Mikhail S N F	\$367,491
Magarrell C	\$81,739	Mayba I I	\$141,301	Milambiling E M	\$381,092
Maguire D	\$388,054	Mayba J I	\$837,931	Milambiling L C P	\$236,298
Maharaj I G	\$381,607	Maycher B <sup>2</sup>	\$832,650	Milbrandt K	\$137,803
Maharajh D A	\$264,548	Mazek F R E	\$589,135	Miller A	\$73,058
Mahay R K	\$497,003	Mazhari Ravesh A H	\$435,971	Miller D M	\$448,606
Mahdi T	\$322,893	Mccammon R J	\$187,760	Miller D L	\$317,931
Maier J C	\$195,998	Mccarthy B G	\$255,557	Miller L	\$448,844
Maiti S	\$402,225	Mccarthy G F	\$643,129	Miller M	\$67,137
Major P <sup>2</sup>	\$872,317	Mccarthy T G	\$638,721	Miller T L	\$362,185
Makis V <sup>4</sup>	\$640,697	Mcclarty B <sup>2</sup>	\$1,056,812	Milligan B E	\$331,440
Maksymiuk A W	\$169,690	Mccrae H	\$116,185	Millo N Z	\$691,996
Malabanan E	\$409,176	Mccusker P	\$83,856	Milner J F	\$661,054
Malchy B A	\$77,574	Mcdonald H D	\$283,890	Mina M M F	\$98,286
Malek-Marzbani P	\$685,363	Mcfadden L R	\$386,432	Minhas K K S	\$912,543



Mink S	\$218,561	Myers R L	\$267,054	Onotera R	\$187,871
Minnaar J	\$174,847	Myers W E	\$153,907	Onyshko D J	\$279,007
Mintz S L	\$92,061	Mykytiuk P	\$385,420	Ormiston J D	\$363,905
Minuk E	\$149,573	Mymind	\$65,472	Orr M E	\$59,424
Minuk G	\$93,363	Mysore M	\$335,227	Orr P	\$169,526
Miranda G	\$104,142	Nachtigal H	\$62,757	Osei-Bonsu A	\$262,460
Mireau J R	\$118,657	Naidoo J <sup>1</sup>	\$26,742,968	Osler F G	\$268,362
Mis A A	\$441,643	Naidoo S P <sup>1</sup>	\$6,565,943	Owusu N	\$93,673
Miskiewicz L M	\$155,645	Nair U K	\$366,642	Pachal C A	\$211,447
Moawad V F	\$80,619	Narasimhan S	\$94,679	Pacin A	\$117,275
Moddemann D	\$197,796	Narvey E B	\$61,901	Pacin O	\$198,804
Moffatt D C M	\$661,625	Nashed M	\$178,679	Pacin S	\$301,061
Mohamdee J F	\$52,869	Nason R W	\$263,678	Padeanu F T	\$230,855
Mohamed M A M	\$642,408	Nasr N Y I	\$384,248	Padua R N	\$233,175
Mohammed I	\$274,055	Nasser-Sharif M	\$274,057	Paetkau D	\$185,640
Moller E E	\$258,064	Nates W A	\$260,672	Palatnick C S	\$395,578
Moller L	\$359,401	Naugler S	\$339,548	Pambrun P	\$100,059
Moller P R	\$603,487	Nause L N	\$338,764	Panaskevich T	\$597,842
Moltzan C	\$242,475	Nawrocka D	\$120,775	Pandey A K	\$162,693
Momoh J T	\$494,881	Nazar-Ul-Iman S	\$483,373	Pandian A	\$345,556
Moncek J A	\$221,960	Nejad Ghaffar S	\$153,899	Pang E G	\$167,443
Monkman L M	\$201,962	Nelko S	\$57,045	Pannu F	\$300,741
Monson R C	\$82,441	Nell A M	\$527,811	Papegnies D	\$62,187
Monteiro G E	\$341,447	Nelson M	\$78,957	Papetti S	\$156,582
Moody J K	\$161,234	Nemeth P	\$344,155	Parham S M	\$92,988
Moon M	\$745,500	Nepon J	\$362,669	Park J	\$388,515
Moore R F	\$299,297	Neufeld G M	\$83,885	Parker K R	\$267,707
Moran De Muller K	\$612,189	Newman F	\$258,823	Parmar G	\$744,470
Morham A	\$238,395	Newman S	\$208,737	Partap N A	\$138,510
Morier G S	\$106,427	Nguyen K M	\$270,638	Partridge G	\$72,958
Morris A L	\$511,203	Nguyen L	\$276,536	Partyka J W	\$268,095
Morris G S	\$243,092	Nguyen M H	\$355,074	Pascoe E A	\$434,283
Morris M	\$239,702	Nguyen T V	\$165,065	Paskvalin M	\$179,004
Morris M	\$68,815	Nguyen T N	\$142,266	Pasterkamp H	\$159,526
Mostert F	\$219,164	Nigam R	\$603,547	Patel L R	\$303,410
Mottola J C <sup>2</sup>	\$205,625	Nijonhou Kemeni M M	\$352,835	Patel N	\$52,885
Mouton R W	\$315,337	Nkosi J E	\$251,413	Patel P C	\$695,934
Mowchun L	\$140,925	Noel C	\$902,949	Patel P C	\$440,832
Mowchun N	\$273,045	Noel M L	\$65,055	Patel R C	\$574,710
Mshiu M	\$471,117	Nugent L M	\$347,280	Patel S V	\$317,449
Muirhead B	\$207,284	Nyomba B L	\$158,996	Patel S P	\$136,718
Mukty M A	\$306,489	O'Hagan D B	\$486,491	Patenaude A F	\$278,681
Mulhall D	\$71,174	O'Keeffe K M	\$173,590	Paterson C R	\$432,845
Muller J G	\$69,766	Ochonska M	\$423,744	Pathak K A	\$360,068
Muller Delgado H A	\$397,102	Oen K G	\$71,218	Pather A	\$162,500
Mundle S	\$66,245	Old J	\$305,814	Pauls R J	\$338,580
Munsamy G K	\$313,540	Oliver J	\$64,793	Pawlak J	\$80,975
Murray D	\$369,584	Olivier E P	\$138,635	Pederson K <sup>3</sup>	\$115,460
Murray G	\$50,256	Olson R L	\$244,427	Peled E	\$54,518
Murray G G	\$77,425	Olson S M	\$93,070	Pelissier R	\$54,761
Murray K	\$437,263	Olujohungbe A B	\$92,875	Penner C G	\$64,533
Muruve G N	\$283,406	Olynyk F	\$161,542	Penner K	\$143,685
Mustafa A	\$203,109	Omelan C K	\$177,128	Penner L R	\$120,868
Mustapha S F	\$286,040	Omichinski L M	\$340,216	Penner S B	\$280,076
Muthiah K	\$231,595	Ong A	\$229,044	Penrose M	\$382,291
Mutter T C	\$271,916	Ong B Y	\$519,932	Pepelassis D	\$171,201
Muzychuk M	\$61,194	Ong G H	\$421,315	Peretz D	\$307,352

Perlov J	\$232,484	Pymar H C	\$318,116	Roberts J R	\$294,416
Permack S	\$285,843	Quesada R	\$302,044	Roberts K A	\$225,374
Perrellt M	\$74,388	Quon H C	\$153,204	Robertson G A	\$61,087
Perry D I	\$464,927	Qureshi R	\$184,676	Robillard S C	\$183,609
Peschken C	\$123,159	Qureshy K A	\$105,669	Robinson C C	\$261,983
Pesun I J	\$61,942	Raabe M A	\$450,338	Robinson D B	\$227,784
Peters B	\$704,190	Rabson J L R	\$1,057,790	Robinson D J	\$360,216
Peters H O	\$173,759	Radawiec J	\$63,924	Robinson G	\$57,039
Peters H	\$305,192	Radulovic D	\$199,362	Robinson J	\$479,788
Peterson J	\$274,829	Rae P E	\$52,158	Robinson W	\$293,110
Petrilli L A	\$65,446	Rafay M F	\$91,711	Rocha G	\$1,134,779
Pfeifer L	\$76,236	Raghavendran S	\$301,243	Roche G	\$293,663
Philipp R K	\$733,420	Rahman J	\$813,006	Rodriguez Marre I	\$371,292
Phillips M L	\$114,079	Rahman M	\$113,392	Roe B E	\$99,515
Pickard K	\$156,828	Raimondi C	\$80,427	Roets W G	\$80,111
Pickering B	\$338,698	Rajamohan C	\$429,826	Rogozinska L	\$384,541
Pierce G W <sup>2</sup>	\$941,749	Rajani K R	\$522,445	Rohald P	\$399,768
Pieterse W	\$501,090	Ramgoolam R	\$384,469	Roman M	\$297,498
Pikaluk D R	\$100,135	Ramsay J A	\$100,243	Roman N	\$270,459
Pilat E J	\$270,686	Ramsey C D	\$181,531	Roos P J	\$113,762
Pilkey B D	\$572,025	Randolph J L	\$95,793	Rosario R	\$156,892
Pillay P G	\$279,216	Randunne A S	\$279,423	Rosenthal P	\$260,031
Pinder M	\$294,698	Raubenheimer J P	\$509,826	Rosner B	\$69,917
Pinette G D	\$449,856	Rauch J F	\$715,376	Ross F J	\$160,550
Pinniger G W	\$215,140	Ravandi A	\$594,415	Ross F K	\$176,014
Pintin-Quezada J	\$473,418	Ravula N R	\$126,997	Ross J F	\$790,312
Pio A	\$314,036	Rawoof R H	\$555,967	Ross J J	\$322,608
Pirzada M A	\$329,728	Raza I	\$89,711	Ross L L	\$341,051
Pittman P	\$204,557	Reckseidler C	\$114,941	Ross T K	\$278,956
Pitz M	\$78,163	Reeves J D	\$67,324	Rothova A	\$308,578
Plueschow M	\$55,033	Rehal R S	\$213,379	Roussin B C	\$152,009
Poettcker R J	\$364,630	Rehsia D	\$785,827	Roux J G	\$282,581
Polimeni C	\$137,289	Reid G J	\$361,993	Rowe R C	\$211,687
Pollet V	\$175,310	Reimer D K	\$257,602	Roy D	\$216,002
Pollock B	\$477,525	Reimer D J	\$517,369	Roy M J	\$215,587
Poon W W C	\$262,007	Reimer H	\$192,224	Rubinstein E	\$182,133
Pooyania S	\$344,111	Reimer M B	\$219,546	Ruddock D L	\$408,022
Popoff D	\$194,975	Reinecke M	\$116,439	Rumbolt B R	\$329,693
Popowich S	\$336,500	Reinhorn M	\$73,909	Rusen J B	\$316,894
Porhownik N R	\$402,724	Rempel R G	\$216,273	Rush D N	\$128,655
Possia C	\$54,177	Reslerova M	\$670,059	Rusnak B	\$425,985
Postl B	\$84,692	Reyneke A	\$385,394	Rust G	\$77,566
Potter J	\$135,613	Reynolds J L <sup>2</sup>	\$214,065	Rust L	\$152,868
Prasad B	\$231,797	Reynolds J J	\$58,072	Rutherford P	\$57,886
Preachuk C T J <sup>2</sup>	\$83,870	Rezk E A	\$277,854	Ryall L A	\$83,660
Prematilake S P	\$209,418	Rice P	\$298,162	Ryckman B A	\$72,796
Prenovault J	\$387,036	Rich A D	\$306,144	Saadia R	\$324,040
Pretorius A	\$247,416	Richardson C J	\$354,756	Saadia V	\$160,115
Pretorius L L	\$64,154	Riche B <sup>3</sup>	\$543,438	Sabapathi K	\$267,518
Price J	\$234,195	Ridah D	\$136,553	Sabeski L M	\$395,119
Prinsloo J	\$301,167	Rigatto C	\$478,170	Saffari H	\$133,716
Pritchard P	\$83,211	Ring H	\$254,230	Sakla M S S	\$246,025
Prober M A	\$191,908	Ringaert K	\$202,087	Sala T N	\$212,551
Prodan O	\$102,052	Ritchie B A	\$315,790	Salamon E	\$662,901
Psooy K J	\$108,174	Ritchie J	\$262,046	Saleem A	\$472,300
Putnins C	\$146,858	Rivas Hernandez J H	\$80,667	Salem F	\$716,742
Puttaert D	\$139,092	Rizk A M	\$267,658	Salib W W M	\$235,055

Salman M S	\$68,519	Shahzad S	\$64,795	Sinha S N	\$464,228
Salter J	\$92,856	Shaikh N	\$462,449	Siyih M	\$266,485
Salter-Oliver B A	\$125,535	Shaker M	\$312,672	Skakum K K	\$159,940
Sami S	\$234,140	Sharie M	\$327,850	Skead L	\$449,179
Samoil M F S	\$261,560	Shapiro S M	\$66,096	Skrabek R Q	\$362,724
Samuels L	\$376,626	Sharda P	\$197,037	Sloan G	\$191,991
Sanders R W	\$139,994	Shariff F K	\$73,392	Slutchuk M	\$362,321
Sandhu S S	\$496,061	Sharkey J B	\$368,211	Smal S J	\$231,705
Santdasani S K	\$306,355	Sharkey R D	\$138,084	Small L	\$78,373
Saran K D	\$160,220	Sharma S	\$615,800	Smil E	\$295,434
Saranchuk J W	\$340,491	Shatsky M	\$689,425	Smith C	\$179,182
Sareen J	\$94,321	Shell M	\$110,985	Smith H W E	\$200,428
Sareen S	\$434,784	Shelton N H	\$69,980	Smith J R M	\$95,144
Sarlas E	\$158,311	Shelton P A	\$173,906	Smith L F	\$495,793
Sasse S G	\$173,241	Shenoda K L M	\$359,736	Smith R G	\$231,354
Sathianathan C	\$695,388	Shenouda M	\$287,017	Smith R	\$206,406
Saunders K	\$207,817	Shenouda N S N	\$67,090	Smith R W	\$270,513
Savage B	\$233,707	Shenouda P F S	\$291,833	Smith S	\$105,487
Sawchuk J P	\$74,790	Shepertycky M R	\$460,266	Snovida L	\$253,597
Sawka S E <sup>2</sup>	\$1,224,602	Sheps M	\$776,965	Sochocki M P	\$263,531
Sawyer J A	\$343,890	Sherbo E	\$84,043	Sodhi V K	\$67,719
Sawyer S K	\$54,646	Shiffman F H	\$495,533	Solbrig M	\$50,080
Schacter B A	\$79,856	Shnishah A	\$86,004	Soliman M F L	\$375,012
Schaeffer D	\$60,335	Shoukry S	\$157,260	Sommer H M	\$281,187
Schaffer S A	\$73,600	Shuckett P	\$298,775	Soni A	\$355,871
Schantz D	\$86,100	Shumsky D	\$103,222	Soni N R	\$402,831
Schaub J C	\$70,561	Shunmugam R	\$930,555	Soni S	\$56,113
Schellenberg J D	\$238,396	Sickert H G	\$145,886	Sood M	\$634,494
Schellenberg W C	\$382,832	Siddiqui F S	\$174,332	Sookermany N	\$71,761
Scherr R	\$55,053	Sidra Gerges M E	\$327,356	Speer M	\$239,832
Schifke W G	\$98,416	Sigurdson E	\$166,256	Srichandra W	\$201,396
Schledewitz I L	\$67,465	Sigurdson L J	\$955,444	Srinathan S K	\$265,373
Schmidt B J	\$124,319	Sikora F J	\$311,934	St Goddard J	\$248,542
Schneider C E	\$366,035	Silagy S	\$567,477	St John P D	\$176,810
Schoeman A M	\$57,575	Silha J	\$779,856	St Vincent A	\$284,951
Schroeder A N	\$399,801	Silhova D	\$180,195	Stanko L	\$369,229
Schroeder G	\$183,974	Silver C D	\$98,166	Stearns E	\$157,068
Schur N K	\$339,724	Silver N A	\$302,026	Stefanyshen G S	\$71,169
Schwartz L D	\$340,834	Silver S	\$1,331,404	Steinberg F	\$56,320
Scott J	\$547,698	Silverman R E	\$304,552	Steinberg R J G	\$245,096
Scott S	\$158,541	Simard-Chiu L A	\$160,371	Stelzer J	\$284,158
Seager M J	\$443,416	Simm J F	\$274,329	Stephensen M C	\$211,369
Seftel M D	\$80,693	Simon D A	\$65,709	Stimpson R	\$87,747
Segstro R J	\$92,617	Simonsen J N	\$94,103	Stitt G P	\$58,404
Seifer C M	\$345,209	Simonson D W	\$243,972	Stitz M	\$323,509
Seitz A R	\$283,577	Sin S	\$121,980	Stockl F A	\$1,292,808
Selaman M H	\$162,450	Singal R K	\$265,202	Stoffman J M	\$83,983
Sellers E	\$73,759	Singer M	\$108,420	Stone J D	\$389,191
Semus M J	\$233,017	Singh A	\$254,332	Storoschuk G W	\$266,631
Sen R	\$186,198	Singh G B	\$437,130	Storsley L J	\$465,341
Senderewich E C	\$50,433	Singh H	\$290,073	Stoski R M <sup>2</sup>	\$177,239
Sethi K	\$135,604	Singh M	\$196,675	Stoykewych A A	\$50,270
Sethi S	\$222,182	Singh N	\$103,714	Stranges G A	\$321,328
Sett S	\$92,035	Singh R	\$166,442	Strank R K	\$131,854
Sewell G	\$128,230	Singh R D	\$425,256	Stroescu D V	\$84,569
Shah B	\$380,401	Singh-Enns S	\$76,952	Strong J E	\$50,095
Shah S A A	\$85,455	Sinha M	\$299,404	Stronger L	\$295,604

Strumpher J	\$373,302	Thwala A B	\$234,552	Verma M R	\$431,146
Strzelczyk J <sup>2</sup>	\$63,583	Tiab G A	\$372,115	Vernon J	\$73,988
Sud A K	\$323,001	Timmerman D	\$78,870	Verrelli M <sup>3</sup>	\$464,104
Sulairan I	\$104,175	Tischenko A	\$507,239	Viallet N R	\$325,135
Sulairan M	\$261,398	Tissera P A	\$336,354	Vicari D	\$73,133
Sullivan M	\$123,110	Today Fahmy Y	\$288,013	Vickar E L	\$288,283
Sullivan T	\$72,888	Toews K A	\$317,099	Vignudo S	\$203,451
Suski L	\$59,793	Tohme J	\$125,146	Violago F	\$299,882
Susser M	\$205,868	Tole G D	\$59,111	Vipulananthan M	\$332,111
Sutherland D E	\$242,142	Tomchuk E	\$62,134	Vipulananthan V	\$363,307
Sutherland E N	\$409,007	Tomy K	\$65,865	Visch S H R	\$166,625
Sutherland I S	\$630,789	Toole J	\$620,292	Visser G	\$457,527
Sutherland J G	\$239,625	Trajano J	\$214,991	Vivian M A	\$103,171
Sutter J A	\$291,444	Tran C P	\$255,719	Vlok N	\$345,558
Sutton I R	\$373,036	Tran T A T	\$131,602	Vo M	\$607,194
Swartz J	\$163,744	Tsang D	\$414,450	Vorster A P	\$82,088
Swenarchuk G	\$69,221	Tsang M T	\$110,698	Vosoughi R	\$198,073
Symchych M	\$60,523	Tse W C	\$70,671	Voyer D	\$107,860
Szajkowski S	\$234,418	Tsuyuki S H <sup>2</sup>	\$695,369	Vuksanovic M V M	\$286,924
Szajkowski T	\$236,090	Tufescu T	\$434,107	Wadhwa V S <sup>2</sup>	\$364,387
Szaky T	\$110,928	Tulloch H V	\$159,883	Wahba Hanna T W	\$402,746
Szwajcer D	\$91,461	Turabian M	\$515,702	Waldman J C	\$301,504
Tam J W	\$438,770	Turgeon T	\$383,117	Walker C	\$109,541
Tamayo Mendoza J A	\$357,677	Turner D R	\$381,354	Walkty A	\$141,844
Tan E	\$138,781	Turner R B	\$527,519	Wallace S E	\$286,822
Tan L	\$454,190	Tweed W A	\$80,043	Walli J E	\$273,807
Tang-Wai R	\$316,896	Ulyot S	\$157,634	Walters J J	\$816,391
Tangri N	\$301,372	Ungarian J	\$262,696	Warkentin R	\$206,713
Tapper J A	\$502,260	Unruh H W	\$432,802	Warraich N	\$490,819
Taraska V	\$1,329,152	Uwabor W O	\$81,846	Warrian R K	\$329,520
Taraska V	\$556,620	Uys T	\$315,946	Warrington R	\$224,481
Targownik L E	\$270,269	Uzwyszyn M	\$126,220	Wasef M S	\$280,147
Tariq M	\$302,929	Vakilha M	\$327,151	Watters T	\$146,548
Tassi H	\$61,248	Van Alstyne M	\$568,018	Weihs R	\$56,631
Tawadros M B	\$165,110	Van Ameyde K	\$173,494	Werier J	\$344,330
Tawfik V L	\$56,479	Van Amstel L L <sup>2</sup>	\$254,863	Whetter I	\$66,815
Tawfik Helmy S	\$268,386	Van De Velde R	\$220,781	White B K	\$375,883
Taylor H R	\$578,069	Van Den Heever J W	\$373,172	White O J	\$272,876
Taylor P D	\$66,869	Van Der Byl G	\$143,511	White S	\$97,748
Taylor S N	\$548,991	Van Der Zweep J	\$399,826	White V P	\$70,664
Tenenbein M	\$383,659	Van Gend R	\$169,250	Whittaker D	\$87,047
Teo S L	\$241,428	Van Jaarsveldt W	\$397,341	Whittaker E	\$203,188
Theodore G M	\$273,266	Van Niekerk E	\$116,127	Wickert W A	\$170,431
Therrien D J	\$83,773	Van Niekerk S	\$198,239	Wicklow B A	\$70,362
Thess B A	\$611,418	Van Rensburg C J	\$459,405	Widdifield H E	\$160,781
Thiessen R J	\$59,932	Van Rensburg P D J	\$466,821	Wiebe K	\$90,933
Thille S M	\$141,297	Van Rooyen M L	\$577,114	Wiebe T H	\$238,976
Thomas S T	\$276,605	Vanderwert R T	\$199,199	Wiens A V	\$434,491
Thompson R A	\$50,005	Varley K R	\$53,305	Wiens J J	\$668,337
Thompson S B	\$174,769	Varma A	\$304,565	Wiens J L	\$453,100
Thompson T R	\$163,465	Vattheuer A	\$86,917	Wiesenthal B D	\$152,748
Thomson B R J	\$71,256	Vattheuer F B	\$118,506	Wiesenthal Z	\$83,168
Thomson G T D	\$130,254	Vendiiti M	\$195,659	Willard M J	\$164,846
Thomson I R	\$122,545	Venkatesan N	\$153,624	Willemse P	\$704,042
Thorlakson D	\$178,353	Venter D J	\$67,788	William N	\$173,495
Thorlakson I J	\$193,217	Vergis A	\$553,365	Williamson D	\$136,319
Thottingal A P	\$231,436	Verity S D	\$216,049	Williamson K W	\$403,431

Willows J R	\$378,967	Wong S W C	\$366,562	Young R S	\$405,381
Wilson A S	\$67,163	Wong S H	\$349,273	Yousif E J	\$51,784
Wilson G P	\$321,204	Wong S G	\$207,810	Youssef H S S	\$133,295
Wilson M <sup>2</sup>	\$1,308,444	Wong T	\$259,714	Youssef N	\$189,344
Winistok W	\$168,678	Woo C	\$359,904	Zabib N A	\$377,564
Winogrodzka C	\$303,572	Woo N	\$563,569	Zabolotny B P	\$463,741
Winogrodzki A	\$133,930	Woo V C	\$552,790	Zacharias J <sup>3</sup>	\$1,014,609
Winzoski T	\$84,743	Wourms V P	\$154,982	Zaki A E	\$249,192
Wires S M	\$173,876	Wozney L R	\$118,110	Zaki M F	\$385,728
Wirtzfeld D	\$385,839	Yaffe C	\$584,006	Zeiler F	\$701,957
Wiseman M C	\$678,781	Yale R	\$132,402	Zetarak M	\$64,149
Wiseman N	\$274,346	Yamamoto K	\$357,158	Ziaei Saba S	\$422,713
Woelk C	\$315,279	Yamsuan M	\$271,291	Zieroth S R	\$133,943
Wojciechowski A	\$86,227	Yankovsky A	\$252,421	Ziesmann M	\$729,217
Wolfe K B	\$586,282	Yanofsky R	\$95,375	Zimmer K W	\$303,523
Wolfe S A	\$308,528	Yaren S	\$193,682	Ziomek A	\$257,288
Wong C S	\$386,414	Yeung C	\$357,698	Zoppa R	\$481,459
Wong H	\$252,950	Yip B	\$435,884		
Wong R P W	\$369,705	Young B C	\$232,040		

**Explanatory Notes:**

- (1) Director of a private laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See list of facilities).
- (2) Director of a private radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See list of facilities).
- (3) Billings for dialysis services representing the work of more than one physician. (See list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See list of facilities).
- (5) Denotes two separate physicians with same first and last names.

**Laboratory Directors and Facilities**

Abidullah M	Brandon Clinic Laboratory Western Medical Clinic Laboratory
Kabani A	All Rural Laboratories Concordia Hospital Deer Lodge Centre Grace General Hospital Health Sciences Centre Misericordia Health Centre St. Boniface Hospital Seven Oaks Hospital Victoria General Hospital Westman Regional Laboratories
Naidoo J	Gamma-Dynacare Medical Laboratories
Naidoo S P	Lakewood Medical Centre Laboratory Unicity Laboratory Services (Pembina) Unicity Laboratory Services (McPhillips) Unicity Laboratory Services (Lorimer)
Wightman H R	Assiniboine Clinic Laboratory Assiniboine Laboratory (Steinbach)



## **Radiology Directors and Facilities**

Brooker, G	MacGregor & District Health Centre Portage District General Hospital Seven Regions Health Centre (Gladstone)
Bunge M	Health Sciences Centre – Children's Hospital Pritchard Farm X-Ray Clinic Ste. Rose General Hospital
Davidson J M	Manitoba X-Ray Clinic (Concordia) Pan Am Clinic, Diagnostic Imaging Pan Am Clinic, MRI Legacy X-Ray Clinic Seven Oaks X-Ray Clinic
Eaglesham H	Boyd X-Ray Clinic Lakewood Medical Centre Diagnostic Imaging Unicity X-Ray (Ellice) Unicity X-Ray (Roblin) Unicity X-Ray (Lorimer)
Fung H	Boissevain Health Centre Carberry and District Health Centre Deloraine Health Centre Glenboro Health Centre Kilarney (TriLake Health District) Melita Health Centre Souris Hospital Treherne (Tiger Hills Health District) Virden District Hospital Wawanesa Health Centre
Hardy B	General Radiology (HSC)
Harrison W D	Brandon Clinic Diagnostic Imaging Clement Block X-Ray Services
Henderson, B	Bethesda Hospital DeSalaberry District Health Centre Seven Oaks Hospital Ste. Anne Hospital Vita & District Health Centre Winnipeg Radiology Services (Main) Winnipeg Radiology Services (Pembina) Winnipeg Radiology Services (Kennedy)
Higgins R	Rothesay X-Ray Clinic Transcona X-Ray Clinic
Jacob MV	Dr. C.W. Wiebe Medical Centre
Karlicki F	St. Boniface General Hospital (Ultrasound)

Kindle G F	Birtle Health Centre Brandon Regional Health Centre Erickson District Health Centre Hamiota District Health Centre Minnedosa Health Centre Neepawa Hospital Riverdale Health Centre Roblin District Health Centre Rossburn District Health Centre Russell Health Centre Shoal Lake Health Centre Swan Valley Health Centre
Kippen J	Mount Carmel Clinic
Lam W	Deer Lodge Centre
Levi C S	Health Science Centre Ultrasound
Lindquist L	Winnipeg Clinic Diagnostic Imaging Stonewall and District Health Centre Diagnostic Imaging
Lindsay D J	Johnson Memorial Hospital Lakeshore General Hospital Hunter Memorial Hospital Selkirk General Hospital E.M Crowe Hospital Gillam Hospital Lac du Bonnet District Health Centre Arborg & District Health Centre (Ultrasound) Leaf Rapids Health Centre Lynn Lake Hospital Thompson General Hospital
Lloyd R L	Southern Manitoba Diagnostic Imaging Corp. Altona Health Centre Boundary Trails Health Centre Carman Memorial Hospital Dauphin Regional Health Centre Morris Hospital Notre Dame Hospital Rock Lake Hospital Lorne Memorial Hospital
Lyons E A	Beausejour Health Centre Maples Surgical Centre (Ultrasound, Echocardiography)
Mabin D	Flin Flon General Hospital Snow Lake Hospital The Pas Health Complex
Marantz J	Health Sciences Centre Mammography
Major P	Manitoba Clinic Diagnostic Imaging
Maycher B	St. Boniface General Hospital Diagnostic Imaging

McClarty	St. Boniface General Hospital MRI Pinawa Hospital Pine Falls Hospital
McGinn G	Manitoba X-Ray Clinic (Tache)
Mottola J	Health Sciences Centre MRI
Pierce G W	Grace General Hospital Diagnostic Imaging
Preachuk C	Victoria General Hospital
Reed M	Rehabilitation Centre for Children
Reynolds J	St. Boniface Hospital
Sawka S E	Manitoba X-Ray Clinic (Henderson) Manitoba X-Ray Clinic (Portage Ave)
Stoski R	Concordia General Hospital Diagnostic Imaging
Strzelczyk J	St. Amant Centre
Tsuyuki S H	Tache Diagnostic Ltd. Riverview Health Centre Misericordia Health Centre
Van Amstel L	Arborg & District Health Centre Assinboine X-Ray (Lodge) Assinboine X-Ray (Meadowood)
Wadhwa V S	Churchill Health Centre Diagnostic Imaging
Wilson M	Breast Health Centre Manitoba Breast Screening Unit (Brandon) Manitoba Breast Screening Unit (Winnipeg)
Yeo L	Grandview District Hospital

## **Dialysis Directors and Facilities**

Bueti J	Sherbrook Centre Dialysis Unit
Armstrong S	Seven Oaks General Hospital
Pederson K	CDU Health Sciences Centre
Riche B	Brandon Regional Health Centre
Verrelli M	St. Boniface General Hospital
Zacharias J	Home Hemodialysis/ Manitoba Local Centres Dialysis Units

## **Nuclear Medicine Directors and Facilities**

Dupont J O	Nuclear Medicine Consultants Winnipeg Clinic – Nuclear Medicine
Makis V	Brandon Regional Health Centre

## APPENDIX I

### SUMMARY OF STATUTES RESPONSIBILITY – MINISTER OF HEALTH

#### **THE ANATOMY ACT (A80)**

- Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- Sets out who is entitled to claim a body.
- Regulates what can and cannot be done with bodies that are not claimed.

#### **THE CANCERCARE MANITOBA ACT (C20)**

- Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

#### **THE CHIROPRACTIC ACT (C100)**

- Authorizes The Chiropractors' Association to regulate chiropractors in Manitoba.

#### **THE DEFIBRILLATOR PUBLIC ACCESS ACT (D22)** (*Came into force January 1, 2013*)

- Allows the designation of public premises required to install publicly accessible defibrillators and establishment of requirements for the testing and maintenance of defibrillators in public premises by the Lieutenant Governor in Council.
- Requires the registration of defibrillators installed in public premises in a registry including their location and notification by the registrar of emergency 911 response services of the location of registered defibrillators.

#### **THE DENTAL ASSOCIATION ACT (D30)**

- Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

#### **THE DENTAL HEALTH WORKERS ACT (D31)**

- Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act*.

#### **THE DENTAL HEALTH SERVICES ACT (D33)**

- Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

#### **THE DENTAL HYGIENISTS ACT (D34)**

- Authorizes the College of Dental Hygienists to regulate Dental Hygienists.

#### **THE DENTURISTS ACT (D35)**

- Authorizes The Denturists Association to regulate denturists in Manitoba.

#### **THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)**

- (Except with respect to elderly persons' housing units as defined in the Act)
- Governs the establishment of housing accommodation for the elderly or infirm.

#### **THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)**

- Regulates the emergency medical response services and personnel and the stretcher transportation services and personnel.

#### **THE DEPARTMENT OF HEALTH ACT (H20)**

- Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the Department.
- Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

#### **THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)**

- Governs the establishment and operation of health and social services districts.
- No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act*.

#### **THE HEALTH CARE DIRECTIVES ACT (H27)**

- Recognizes that mentally capable individuals have the right to consent or refuse to consent to medical treatment even after they are no longer able to participate in decisions respecting their medical treatment.

#### **THE HEALTH SERVICES ACT (H30)**

- Governs the establishment and operation of hospital districts.
- No new hospital districts have been established since the enactment of *The Regional Health Authorities Act*.

#### **THE HEALTH SERVICES INSURANCE ACT (H35)**

- Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

**THE HEARING AID ACT (H38)**

- ♦ Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

**THE HOSPITALS ACT (H120)**

- ♦ Relates to the operation of hospitals except for private hospitals.

**THE HUMAN TISSUE GIFT ACT (H180)**

- ♦ Regulates organ and tissue donations in Manitoba.
- ♦ Designates "human tissue gift agencies" that are to be notified when a person has died or is about to die.

**THE LICENSED PRACTICAL NURSES ACT (L125)**

- ♦ Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

**THE MEDICAL ACT (M90)**

- ♦ Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

**THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)**

- ♦ Requires the payment of dues by members and non-members of the Manitoba Medical Association.

**THE MEDICAL LABORATORY TECHNOLOGISTS ACT (M100)**

- ♦ Authorizes the College of Medical Laboratory Technologists to regulate Medical Laboratory Technologists.

**THE MENTAL HEALTH ACT (M110)**

(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))

- ♦ Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- ♦ Governs the appointment and powers of Committees for persons who are not mentally competent.

**THE MIDWIFERY ACT (M125)**

- ♦ Authorizes the College of Midwives of Manitoba to regulate midwives.

**THE NATUROPATHIC ACT (N 80)**

- ♦ Authorizes the Manitoba Naturopathic Association to regulate naturopaths.

**THE OCCUPATIONAL THERAPISTS ACT (05)**

- ♦ Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

**THE OPTICIANS ACT (060)**

- ♦ Authorizes The Opticians of Manitoba to regulate opticians.

**THE OPTOMETRY ACT (070)**

- ♦ Authorizes the Manitoba Association of Optometrists to regulate optometrists.

**THE PERSONAL HEALTH INFORMATION ACT (P33.5)**

- ♦ Protects personal health information in the health system in Manitoba.
- ♦ Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

**THE PHARMACEUTICAL ACT (P60)**

- ♦ Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- ♦ Allows for the establishment and maintenance of a provincial drug formulary.

**THE PHYSIOTHERAPISTS ACT (P65)**

- ♦ Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

**THE PODIATRISTS ACT (P93)**

- Defines the practice of podiatry and provides for the regulation of the profession.

**THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)**

- ♦ Governs the operation and administration of the provincial drug benefit program.

**THE PRIVATE HOSPITALS ACT (P130)**

- ♦ Governs the licensing and operation of private hospitals.
- ♦ There are no private hospitals currently operating in Manitoba.

**THE PROTECTION FOR PERSONS IN CARE ACT (P144)**

- ♦ Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- ♦ Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.
- ♦ Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.



**THE PSYCHOLOGISTS REGISTRATION ACT (P190)**

- Authorizes the Psychological Association of Manitoba to regulate psychologists.

**THE PUBLIC HEALTH ACT\*\* (P210)**

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

**\*\***(Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation (M.R. 78/2004) under *The Public Health Act*, which is assigned to the Minister of Healthy Living, Seniors and Consumer Affairs.)

**THE REGIONAL HEALTH AUTHORITIES ACT (R34)**

- Governs the administration and operation of regional health authorities.

**THE REGISTERED DIETITIANS ACT (R39)**

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

**THE REGISTERED NURSES ACT (R40)**

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

**THE REGISTERED PSYCHIATRIC NURSES ACT (R45)**

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

**THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)**

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

**THE REGULATED HEALTH PROFESSIONS ACT (R117) (Parts 10 & 11 and certain other provisions in force June 1, 2011 remainder not yet proclaimed)**

- Currently, there are 21 statutes dealing with different health professions. The RHPA will replace these statutes and bring all regulated health professions under one umbrella act.

**THE SANATORIUM BOARD OF MANITOBA ACT (S12)**

- Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

**THE TESTING OF BODILY FLUIDS AND DISCLOSURE ACT (T55)**

- This Act enables specified persons as listed below, who have come into contact with a bodily fluid of another person to get a court order requiring the other person to provide a sample of the fluid. The sample will be tested to determine if that person is infected with certain communicable diseases. Victims of crime, good Samaritans, firefighters, emergency medical response technicians and peace officers may apply for an order as well as any other person involved in an activity or circumstance prescribed by regulation.

**THE TOBACCO DAMAGES AND HEALTH CARE COSTS RECOVERY ACT (T70) (Came into force May 13, 2012)**

- Allows the province to take legal action against tobacco manufacturers to recover the cost of health care benefits paid in respect of tobacco-related diseases.

## APPENDIX II

### LEGISLATIVE AMENDMENTS IN 2012 – 2013

A number of health statutes and regulations were amended, enacted or proclaimed in 2012/2013:

#### ***The Defibrillator Public Access Act***

- To enable designation by regulation of public premises required to install one or more defibrillators (AEDs) and the criteria to determine how many AEDs are required to be installed in a premises.
- To require by regulation the measures that AED owners in public premises must take to make them accessible to the public, including posting signage respecting the location of the AED(s).
- To require AED owners to ensure the devices are properly tested and maintained and to keep maintenance records.
- To require AED owners in public premises to register their AEDs, including their location in the premises.
- To require the registrar of the AED register to notify emergency 911 response services of the location of registered AEDs for communication to bystanders in emergency situations where appropriate.
- To enable the Minister to appoint inspectors and provide inspection authority.
- To provide protection from liability for AED owners and users.
- To set out fines penalties for non-compliance with the Act.

#### ***The Prescription Drugs Cost Assistance Amendment Act (Prescription Drug Monitoring and Miscellaneous Amendments)***

- To provide authority to establish a new category of drugs, called monitored drugs and to make the prescribing, dispensing and use of monitored drugs subject to increased monitoring.
- To provide clear authority to regulatory bodies that govern health professions authority to use information obtained under the Act to audit or investigate a member's prescribing or dispensing practices.

#### ***The Protection for Persons in Care Amendment Act***

- To require that if the minister believes a person, who meets criteria specified by regulation, has abused or neglected a patient, the matter must be reported to the adult abuse registry committee established under *The Adult Abuse Registry Act*; except in specified extenuating circumstances. The committee determines if the name of the person should be placed on the adult abuse registry. If the person's duties involve providing care or services to patients or other specified adults, or the person has unsupervised access to patients, the minister must also notify the person's employer.

#### ***The Regional Health Authorities Amendment Act*** (Improved fiscal responsibility and community involvement)

- To provide authority to the government to amalgamate regional health authorities (RHAs) whether or not it has received a request to amalgamate from the affected authorities.
- To enable the Minister to set a policy to standardize the employment contracts for senior managers of RHAs. The policy can deal with all aspects of such contracts, including compensation.
- To enable RHAs, with the Minister's approval to establish rules respecting compensation for senior managers of health facilities within their region.
- To place restrictions on the re-hiring of former senior managers by RHAs and health facilities.
- To enable RHAs to give directions to health facilities within their region about the process they use to hire their senior manager.
- To require RHAs to have local health involvement groups, which replace the existing advisory councils. Such groups will advise RHAs about health issues in the region.
- To provide regulation-making powers to allow the government to establish rules respecting the use by RHAs and health facilities of budgetary surpluses and revenue they receive from providing ancillary services, such as parking.
- To repeal the provisions of the Act allowing for two RHAs to be established for the City of Winnipeg.

***The Tobacco Damages and Health Care Costs Recovery Act***

- To provide authority for the province to pursue legal action against the tobacco industry to recover the health care costs incurred due to tobacco use.

***The Public Health Amendment Act (Regulating Use of Tanning Equipment).***

- To enable regulation of the use of tanning equipment by minors and require posting of signage respecting the health risks of tanning in commercial tanning operations.

***The Regulated Health Professions Amendment and Personal Health Information Amendment Act***

- To add a new Part to The Regulated Health Professions Act to safeguard health care records and laboratory specimens that have been abandoned or are at risk of being abandoned. The new Part, which applies to regulated health professions as well as health professions that are currently regulated under a profession-specific Act, sets out:
  - a procedure for appointing a custodian, including by court order; and
  - the duties of the custodian and the health profession colleges and associations with respect to those records and specimens.
- To enable a fine of up to \$50,000 to be imposed on a person who is found guilty of failing to comply with the requirement to ensure that records and specimens are not abandoned or at risk of being abandoned.
- To amend both *The Regulated Health Professions Act* and *The Personal Health Information Act* to provide that a custodian appointed under The Regulated Health Professions Act to deal with abandoned health care records is a trustee of an individual's personal health information under The Personal Health Information Act, as is a college or association dealing with those records.
- To amend *The Regulated Health Professions Act* to enable information about foreign criminal convictions to be included in practitioner profiles available to the public under that Act.
- To make other general administrative amendments to *The Regulated Health Professions Act*.

***The Regional Health Authorities Amendment Act (Accountability and Transparency)***

- To require regional health authorities, health corporations and health care organizations to be accredited in accordance with guidelines approved by the Minister.

**REGULATIONS:**

***The Health Services Insurance Act***

Amendments were made to:

- **The Hospital Services Insurance and Administration Regulation** to adjust the amount of residential/authorized charges for individuals paneled for personal care home placement and chronic care patients to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a paneled or chronic care patient, who has a spouse living in the community.
- **The Personal Care Services Insurance and Administration Regulation** to adjust the amount of residential/authorized charges for personal care home residents to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a resident, who has a spouse living in the community.
- **The Residency and Registration Regulation** to:
  - Exempt military families from the three month waiting period for coverage under the Manitoba Health Services Plan when they move to Manitoba from another province.
  - Permit residents, who are out of the country for the purposes of temporarily residing outside of Canada for up to 7 months in a 12 month period, to retain their residency in order to continue receiving coverage under the Manitoba Health Services Insurance Plan.

***The Pharmaceutical Act***

- Repealed and replaced the **Manitoba Drug Interchangeability Formulary Regulation** as required to update the Formulary.

***The Prescription Drugs Costs Assistance Act***

- The Prescription Drug Payment of Benefits Regulation was amended to:
  - Increase the income-based deductibles that beneficiaries must pay before Pharmacare will cover the cost of drugs.
  - Allow the provision of specified prescription oncology drugs and supportive therapy drugs through the Home Cancer Drug Program at no cost to patients who are receiving cancer treatment from CancerCare Manitoba
- The Specified Drugs Regulation was amended to specify monitored drugs for the purposes of the amendments to the Act and to update the Schedule of drugs.

***The Registered Nurses Act***

- The Extended Practice Regulation was amended to permit registered nurses (extended practice) independent authority to order MRIs.
- The Registered Nurses Regulation was amended to enable the CRNM Board to exempt members who come to Manitoba to practice exclusively in an academic setting from writing the national exam.

***The Regional Health Authorities Act***

- The Amalgamation of Regional Health Authorities Regulation was made to amalgamate the 11 regional health authorities to 5 RHAs.
- The Regional Health Authorities (Ministerial) Regulation was amended to designate the RHA senior managers who must comply with Ministerial policies respecting terms and conditions of employment in addition to the RHA CEO.
- The Regional Health Authorities Establishment Regulation was amended to rename the following two RHAs: Western RHA re-named Prairie Mountain Health and Southern RHA re-named Southern Health-Santé Sud.

***The Public Health Act***

- The Tanning Regulation was made setting out parental consent requirements for a minor to use tanning equipment in a commercial tanning operation and setting out the required content of the signage respecting the health risks of tanning that must be posted in commercial tanning operations.
- The Disease Control Regulation was amended to enable wildlife rehabilitation centers which have been issued a permit under *The Wildlife Act* to keep raccoons on their premises for rehabilitation purposes.
- The Food and Food Handling Establishments Regulation was amended to permit provincial slaughterhouses to be inspected by a provincial Health Officer (Food) rather than the Canadian Food Inspection Agency (CFIA) to enable the transition of inspection responsibility from the CFIA to the provincial health officers.

***The Mental Health Act***

- The Mental Health Act Review Board Hearing Regulation was repealed and a new Ministerial regulation was made to continue the requirement that the Review Board must hear applications within 21 days of receiving them.
- The Charges Payable by Long Term Care Patients Regulation was amended to maintain consistency with the changes to the Personal Care Services Insurance and Administration Regulation and the Hospital Services Insurance and Administration Regulations under *The Health Services Insurance Act* in respect of residential/authorized charges.

***The Personal Health Information Act***

- The Personal Health Information Regulation was amended to exempt trustees from the requirement to create and maintain a record of user activity with respect to an electronic information system which includes a unique identifier assigned by a trustee even if this information is accessed by other trustees.

***The Protection For Persons In Care Act***

- The Protection for Persons in Care (Adult Abuse Registry) Regulation was made. The Regulation sets out the criteria that must be met before a person will be referred to the Adult Abuse Registry Committee (AARC). The AARC determines if the person's name will be listed on the Adult Abuse Registry. It also sets out the extenuating circumstances in which a referral will not be made and the information that is to be included in a report to the AARC.

***The Defibrillator Public Access Act***

- The Defibrillator Public Access Regulation was made. It enables the implementation of the Act by addressing the following matters:
  - Designation of public premises included in the first phase of implementation of the Act;
  - The required characteristics of a defibrillator mandated to be installed by the owners of designated premises;
  - The installation and accessibility requirements for defibrillators in designated premises;
  - The signage requirements;
  - The registration requirements;
  - The notification requirements that the registrar must follow in terms of notifying emergency service providers;
  - The maintenance and record keeping requirements that the owners must meet;
  - Established January 31, 2014 as the date by which defibrillators must be installed in designated premises.



### Appendix III – Performance Reporting

The following section provides information on key performance measures for the department for the 2012-13 reporting year. Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit [www.manitoba.ca/performance](http://www.manitoba.ca/performance). Your comments on performance measures are valuable to us. You can send comments or questions to [mbperformance@gov.mb.ca](mailto:mbperformance@gov.mb.ca).

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2012/13 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Manitobans' access to cardiac surgery through the measurement of median wait times for cardiac bypass surgery by level of urgency.	Timely access to surgical services is important.	As of April 2007, the median wait time for cardiac bypass surgery by level of urgency was:  Level 1 (Emergent and Urgent): 5 days  Level 2 (Semi-urgent): 11 days  Level 3 (Elective): 31 days  Overall, 97% of patients received their surgery within the benchmark.	In April 2013, the median wait time for cardiac bypass surgery by level of urgency was:  Level 1 (Emergent and Urgent): 3 days  Level 2 (Semi Urgent): 8 days  Level 3 (Elective): 50 days  Overall, 95% of patients received their surgery within the benchmark.	A high percentage of patients continue to receive their cardiac bypass surgery within the national benchmark.	Wait times are calculated based on patients who received surgery during the reporting period.  The National Benchmarks for bypass surgery are as follows: 0-14 days for Level 1 (Emergent and Urgent); 15-42 days for Level 2 (Semi-urgent); and 43-180 days for Level 3 (Elective).  Source: Manitoba Wait Time Information web page: <a href="http://www.gov.mb.ca/health/waittime/index.html?index.html">http://www.gov.mb.ca/health/waittime/index.html?index.html</a>
Manitobans' access to radiation therapy for cancer through the measurement of median wait times for patients to commence radiation therapy treatment.	Timely access to treatment services is important.	The median wait time in April 2007 was 1 week for all cancer types.  93% of patients commenced their radiation therapy within four weeks (provincial guarantee).	In April 2013, the median wait time for all cancer types was 1 week.  100% of patients commenced their radiation therapy within four weeks (provincial guarantee).	The median wait time continues to be well within the National Benchmark for radiation therapy and a high percentage of patients continue to commence their treatment within the provincial guarantee.	The National Benchmark and provincial guarantee for radiation therapy is 4 weeks.  Source: Manitoba Wait Time Information web page: <a href="http://www.gov.mb.ca/health/waittime/index.html?index.html">http://www.gov.mb.ca/health/waittime/index.html?index.html</a>

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2012/13 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI).	Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death.	1979 rate: 140 deaths per 100,000 population 2009 rate: 29.3 deaths per 100,000 population	In 2011, the age-standardized mortality rate for heart attack (AMI) in Manitoba was 25.5 deaths per 100,000 population	The AMI mortality rate has declined dramatically in Manitoba and Canada, from approximately 140 deaths per 100,000 in 1979 to 25.5 per 100,000 in 2011.	Rates have declined largely due to improved drugs and medical care for heart attack patients, reduced smoking rates and improved control of hypertension.  Source: Manitoba Health; Vital Statistics data.
Diabetes prevalence rate as measured by the age- and sex-adjusted proportion of residents, one year and older, living with diabetes.	Prevalence and mortality rates may reflect on the performance of the system with respect to management of diabetes.	1988/89 age- and sex-adjusted prevalence: 3.0%  Age- and sex-adjusted prevalence per 100 Manitoba residents:  2002/2003 – 5.0 2003/2004 – 5.2 2004/2005 – 5.4 2005/2006 – 5.6 2006/2007 – 5.8 2007/2008 – 5.9 2008/2009 – 6.0 2009/2010 – 6.2 2010/2011 – 6.3  Source: Manitoba Health administrative data.	Age- and sex-adjusted prevalence per 100 Manitoba residents:  2011/2012 – 6.5  Source: Manitoba Health administrative data  *Notes: - Diabetes prevalence rates were calculated using the Canadian Chronic Disease Surveillance System (CCDSS) definition, and are not directly comparable to rates in previous versions of the <i>Annual Report</i> . - Diabetes prevalence rates were age- and sex-adjusted to the national standard 1991 Canadian population.	An increase in prevalence is observed in all RHAs, Districts and Sub-areas. Prevalence is particularly high in the North, and may be associated with income. (MCHP RHA Atlas)	Better diagnosis and reporting may have resulted in increased incidence. Better education and care may have resulted in the observed increased prevalence.

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2012/13 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Telehealth: # Communities and end points (The higher number of end points indicate that some communities have more than one location equipped.)	Shows the Province's ability to address access to care and education over geographically dispersed communities.	2007/08 Clinical: 4876 Education: 1230 Administration: 738 Tele-visit: 33 Other: 248  2004/05 4369 Events	2012/13 Clinical: 14,529 Education: 2,577 Administration: 1,597 Tele-visit: 57 Other: 9  2012/13 total utilization 18,769  2012/13 total number of sites 132 sites and 259 endpoints	MB Telehealth predicts <u>10</u> sites to be added in the next fiscal year.  <u>Average Annual Growth (from 2007/08 to 2012/13 Fiscal years):</u> Clinical: 25% Education: 16% Administration: 17% Tele-visit: 20% Other: -39%  163% growth in # of events from 2007/08 (7,125) to 2012/13 (18,769)	MB Telehealth Fiscal Utilization Reports from 2003/04 to 2012/13
Utilization by category					
Utilization rates					

## APPENDIX IV

### ***The Public Interest Disclosure (Whistleblower Protection) Act***

*The Public Interest Disclosure (Whistleblower Protection) Act* came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counselling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed, is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Manitoba Health for fiscal year 2012-2013:

<b>Information Required Annually (per Section 18 of The Act)</b>	<b>Fiscal Year 2012-2013</b>
The number of disclosures received, and the number acted on and not acted on. <i>Subsection 18(2)(a)</i>	One disclosure was received. The same disclosure was received by the Ombudsman's Office. The Ombudsman is conducting the review. No action taken by Manitoba Health.
The number of investigations commenced as a result of a disclosure. <i>Subsection 18(2)(b)</i>	No investigations commenced in 2012-2013. There were no findings of wrongdoing under the Act.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. <i>Subsection 18(2)(c)</i>	No investigations commenced in 2012-2013. There were no findings of wrongdoing under the Act.

## APPENDIX V

### SUSTAINABLE DEVELOPMENT

*The Sustainable Development Act* (The Act) was proclaimed in July 1998. The overall goal of sustainable development is meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Principles and guidelines of sustainable development have been established to guide all departments in the Province of Manitoba in their efforts to attain this goal. For an activity to be sustainable it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

In pursuit of the above, and to report on Manitoba Health's efforts toward sustainable development, as defined under The Act, this Annual Report provides examples of the ongoing progress and accomplishments of Manitoba Health in incorporating the principles and guidelines of sustainable development. The chosen examples are not all-inclusive, and more detail related to sustainable development activities within Manitoba Health can be further examined within each appropriation of the Annual Report.

#### PRINCIPLES AND GUIDELINES (SECTIONS 1–13)

##### 1. INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS

Manitoba Health is dedicated to taking actions that foster the principles of integrating the environment and economics into the decision making process, specifically in the areas of human health and social consequences.

###### HIGHLIGHTS:

**Insured Benefits:** provides funding of core health services that are continually changing to increase efficiencies, effectiveness and appropriate health care delivery to Manitobans in an economical and sustainable manner. Examples of core health services include funding of hospital services, air ambulance transfers, out-of-province transport services, and links to special programs covering eyeglasses, breast prostheses, hearing aids, orthopaedic shoes, contact lenses, telecommunications equipment for the profoundly deaf or speech impaired, and transportation subsidies.

**Regional Programs and Services:** continues to monitor and measure the benefits of services to the public and reports on these activities to the Minister to facilitate decision making and ensure that long-term strategies and actions are effective. This division provides direction in northern, rural and urban areas of the province, as well as reporting on specific areas of service, such as patient safety, cardiac services, cancer care, palliative care, home care, long-term care and dialysis.

**Provincial Nursing Stations:** oversees cost-effective and quality health care to various northern communities through the management of community nursing stations.

**Public Health and Primary Health Care:** supports executive management in planning and providing guidance to regional health authorities (RHAs) in implementing cost-effective primary health care initiatives to improve the health of Manitobans and access to services.

**Selkirk Mental Health Centre:** delivers compassionate, respectful and cost-effective inpatient treatment and rehabilitation services to all residents of Manitoba whose mental health needs cannot be met elsewhere in the health system.

##### 2. STEWARDSHIP

Manitoba Health is dedicated to implementing policies that facilitate decisions to all of the above elements of a sustainable stewardship. Stewardship is enacted by the Minister of Health who administers over 45 Acts. Each Act delegates its authority through regulations, policy development and indirectly through managerial direction to ensure that stewardship of our health system is upheld within standards outlined within the *Canada Health Act*, as well as provincial standards to ensure that the health of Manitobans is optimized. A sample of these acts is listed below. For more detail and information on all the acts that facilitate stewardship, please see the section "Summary of Statutes Responsibility."



**HIGHLIGHTS:**

**The Regional Health Authorities Act:** governs the administration and operation of RHAs.

**The Personal Health Information Act:** protects personal health information in the health system in Manitoba.

**The Public Health Act:** provides the power and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

**The Health Services Insurance Act:** governs the administration of the Manitoba Health Services Insurance Plan as it relates to the cost of hospital services, medical services, personal care services and other health services.

**The Prescription Drugs Cost Assistance Act:** governs the operation and administration of the provincial drug benefit program.

**3. SHARED RESPONSIBILITY AND UNDERSTANDING**

Manitoba Health continually collaborates with RHAs, inter-sectoral organizations, federal government and stakeholders to better understand the views of others. This in turn facilitates equitable management of our health system. To facilitate shared responsibility and understanding, Manitoba Health directs its resources through specific units/branches that accommodate these activities in the health system.

**HIGHLIGHTS:**

**Aboriginal Health and Northern Health Office:** supports and promotes the cultural diversity among the First Nations, Métis and Inuit populations in Manitoba. Aboriginal Health and Northern Health Office works collaboratively with the federal government, other branches within Manitoba Health, provincial departments, RHAs and Aboriginal political territorial organizations. This Branch is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community.

**Federal/Provincial Policy Support:** represents Manitoba on the Federal/Provincial/Territorial Advisory Committee on population health and security to express Manitoba's views and participate in inter-sectoral issues.

**Regional Programs and Services:** participates on RHA committees and maintains communication with all RHAs to ensure that Manitoba Health has an ongoing understanding of the issues and concerns within Winnipeg and throughout Manitoba.

**Health Workforce Strategies:** works in partnership with RHAs, regulatory and professional bodies, the education sector and other stakeholders to support the linkage between health human resource planning and departmental policy. Activities undertaken include the planning, developing, implementing and monitoring of health human resource supply and strategies to address the demands in health service delivery.

**Health System Development:** works on governance and accountability consultation to the health authorities, coordination of community health assessment and health planning, database support for departmental structures and processes, policy support for the division and monitoring of regional accountability practices.

**4. PREVENTION**

Prevention is at the forefront of Manitoba Health. Manitoba Health has a vested interest in ensuring that Manitobans are healthy and that controls and measures are in place to prevent health-related threats from impacting the general population. Ultimately, legislation is drafted, created or refined to ensure that prevention measures are in place to make the most positive impact to optimize the health and social well-being of Manitobans.

**HIGHLIGHTS:**

**Cadham Provincial Laboratory:** provides increased detection of various diseases that assist decision making in the decrease of the transmission of disease in Manitoba. This includes enhanced surveillance of infectious diseases to aid in outbreak identification and prevention. Also, state-of-the-art diagnostic testing for bacteria that are antibiotic resistant, toxin producing or cause food poisoning is done to improve infection control in hospitals, personal care homes and the community.

**Office of the Chief Provincial Public Health Officer:** ensures that preparedness plans for public health emergencies are in place and response plans, such as for West Nile Virus, Pandemic Influenza and Avian Influenza, are reviewed and updated. This office provides news releases to the public in regard to public health warnings and prevention measures to be taken to lessen the risk of these threats.

**Public Health:** provides health surveillance, analysis of public health threats and provides outbreak surveillance and epidemiological expertise related to norovirus, influenza and mumps. This includes the provision of provincial surveillance data for the National Diabetes Surveillance System to support evidence-based diabetes management. Also, the Branch integrates education into the continuum of diabetes prevention, care, research and support. The Public Health Branch also manages the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders.

**Office of Disaster Management:** continues to work with RHAs in implementing their disaster management programs. Incident management systems are in place to respond to a variety of emergencies and disasters throughout the province. The Emergency Response Management System has been developed to respond to large scale health sector emergencies such as pandemic influenza.

**Corporate Services:** manages and maintains the provincial policy framework. Examples of provincial policy direction related to prevention include: integrated risk management; quality audits; internal disclosure of staff concerns; reporting of critical clinical occurrences; RHAs guide to health services; and reporting significant changes to the Office of the Chief Medical Examiner.

## 5. CONSERVATION AND ENHANCEMENT

Manitoba Health is dedicated to making decisions that foster protection and enhancement of the ecosystem and the process that supports all life and actions and decisions which foster conservation and enhancement of resources.

### HIGHLIGHTS:

**Capital Planning:** continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. This includes continued improvements, such as Power Smart Standards for new construction and renovation projects.

**Public Health:** responds to chemical, microbiological and social public health issues. The Branch monitors and participates in a coordinated response to environmental health issues to Manitobans with a mandate for environmental health risk assessment, food protection, tobacco reduction and dental/oral health.

## 6. REHABILITATION AND RECLAMATION

Manitoba Health is committed to rehabilitation and reclamation of areas and resources that have been damaged as they represent themselves.

### HIGHLIGHT:

**Capital Planning:** oversees infrastructure projects that support investment in state-of-the-art medical equipment, the development of new projects and rehabilitation of aging community facilities.

## 7. GLOBAL RESPONSIBILITY

Manitoba Health continues to take actions that foster a global approach to decision making with the goal of identifying and preventing the occurrence of possible adverse effects.

### HIGHLIGHTS:

**Federal/Provincial Policy Support:** conducts negotiations on cooperative initiatives with Pan-Canadian institutions and policy approaches, as well as advises leadership in the planning processes for the development of strategic priorities and directions for the health system.

**Office of the Chief Provincial Public Health Officer:** participates in the development and implementation of policies on environmental issues related to drinking and recreational water and air quality. For example, this office assesses health risk and provides information on various health concerns, such as asbestos in vermiculite insulation.

## 8. EFFICIENT USE OF RESOURCES

Manitoba's health system accounts for more than 40% of the provincial budget and as public expectations on health care services keep rising, costs continue to go up and the sustainability of our publicly funded system is strained. Manitoba Health strives for the efficient use of resources and maximizing the use of public funds. This includes all aspects of sustainability to encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources, and employ full-cost accounting to provide better information for decision makers.

### HIGHLIGHTS:

**Medical Labour Relations:** operates an efficient and effective information network to support decision making; coordinates ongoing meetings with the Winnipeg Regional Health Authority and Manitoba Health Regional Finance; and provides site orientation visits with participating health authorities.

**Provincial Drug Programs:** continues to look at efficiencies of the drug review process to reduce costs and/or provide timely access to new medications. This includes specific recommendations from the Drug Management Policy Unit.

**Funding to Health Authorities:** directs expenditures in an efficient and expedient manner. These funds are allocated to provincial-wide appropriations (as per this Annual Report) and to health authorities in accordance with targets established through the estimates process, health plan process and ministerial direction.

**Provincial Health Services:** throughout Manitoba Health, various units are tasked, in some cases with third parties, to provide services to the public, such as: out-of-province hospital services; blood transfusion services; federal hospitals; prosthetic and orthotic devices; healthy community's development; and the Nurses Recruitment and Retention Initiative.

**Emergency Medical Services:** provides provincial leadership in the surveillance of the air and land ambulance transport system to ensure that patient care standards are in place, safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program occurs, and evaluations of licensed emergency medical services, including vehicle, equipment and processes, are conducted.

## 9. PUBLIC PARTICIPATION

Manitoba Health strives to support and take actions that establish or change departmental legislation, procedures or processes that foster public participation in decision making, planning and program delivery. This ensures that processes are fair, appropriate appeal mechanisms are in place and that processes and procedures foster consensus decision-making approaches.

### HIGHLIGHTS:

**Legislative Unit:** communicates and reviews feedback from stakeholders, including consultations with the public, in regard to many of the proposed amendments to the ministerial Acts. Recent examples are *The Personal Health Information Act* Review Steering Committee and *The Public Interest Disclosure (Whistleblower Protection) Act*.

**Mental Health Review Board:** hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.

**Manitoba Health Appeal Board:** receives appeals related to *The Health Services Insurance Act*, *The Ambulance Services Act*, *The Mental Health Act* and the Hepatitis C Assistance Program. It also serves in an advisory role to the Minister by maintaining links between the minister, the health care community and the community at large.

**The Protection for Persons in Care Office:** serves as a resource for those working in health facilities, as well as anyone in the general public, who have a duty to report suspected abuse or the likelihood of abuse to the Protection for Persons in Care Office.

**Aboriginal and Northern Health Office:** ensures that dialogue continues between the public and Aboriginal organizations, First Nations organizations, the Province of Manitoba and the First Nations and Inuit Health Branch – Health Canada, to ensure that decisions are made that benefit northern communities in Manitoba and those people of Aboriginal descent.

**French Language Services:** provides availability and accessibility to service and material in French for the French-speaking population of Manitoba.

#### 10. ACCESS TO INFORMATION

Manitoba Health strives to take actions to improve and update data and information bases and the establishment or changes made to procedure, policy or legislation which makes departmental and provincial information more accessible to the public.

**HIGHLIGHTS:**

**Legislative Unit:** continues to provide information and formal presentations on *The Personal Health Information Act* to health information trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public, to assist them in understanding their rights and appeal processes.

**Administration and Finance:** prepares financial reports and documents such as Supplementary Information for Legislative Review, Quarterly Financial reports, and the Annual Report in accordance with legislative, Treasury Board and senior management requirements.

**Information Systems:** continues development and maintenance of databases to support internal and third-party information requirements, as well as development of an eHealth infrastructure.

**Health Information Management:** provides data sources for Manitoba Health, the Minister, RHAs and the public which is accessible internally or on the department's website. This includes managing Manitoba Health's relationship with the Manitoba Centre for Health Policy and the Canadian Institute for Health Information and includes related data provisions to those organizations.

#### 11. INTEGRATED DECISION MAKING AND PLANNING

Manitoba Health takes necessary measures to establish and amend decision-making and planning processes to make them more efficient, timely and to address and account for inter-generational effects.

**HIGHLIGHTS:**

**Information Systems:** works collaboratively with outside agencies to successfully secure funding and manage information systems. This includes integration of decision and planning with multiple organizations to standardize data definitions with vendors and to support health system programs.

#### 12. WASTE MINIMIZATION AND SUBSTITUTION

Manitoba Health is committed to taking actions that promote the use of substitutes for scarce resources and reduce, reuse, recycle or recover.

**HIGHLIGHTS:**

- Ongoing Blue-bin recycling program at 300 Carlton Street, 1680 Ellice Avenue and 750 William Avenue sites. Bins have been installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers.
- Staff are continually encouraged to save waste papers for recycling. Paper recycling boxes are provided in all offices and recycled on a regular basis.
- Continued focus on purchasing products manufactured with recycled materials.
- Duplex capabilities have been added to all network printers to provide double-sided print capabilities to reduce paper consumption.
- Continue to develop electronic systems to minimize paper copies.

#### 13. RESEARCH AND INNOVATION

Manitoba Health is active in establishing programs and actions which encourage and assist in the research, development, application and sharing of knowledge and technologies which further sustainability.

**HIGHLIGHTS:**

**Health Information Management:** utilization of a digital dashboard within Manitoba Health and updated monthly to provide the Minister and senior management with up-to-date information on key areas such as wait times. Also, the Health Information Gateway, an internal intranet site, was expanded to facilitate department staff access to health publications and data.

**Manitoba Centre for Health Policy:** continues to provide funding for policy evaluation and research initiatives.

**Office of the Chief Provincial Public Health Officer:** continues educational sessions in a variety of settings related to life threatening infections and diseases.

**Aboriginal and Northern Health Office:** works in collaboration with Aboriginal people who have an interest in entering the health care workforce.



## **PROCUREMENT GOALS (SECTIONS 14-18)**

### **14. EDUCATION, TRAINING AND AWARENESS**

To meet the intent of this goal, Manitoba Health enacts changes to develop a culture that supports sustainable procurement practices within the department.

#### **HIGHLIGHTS:**

- All areas are encouraged to include sustainable development topics in their monthly/quarterly divisional meetings.
- An internal website for sustainable development communication within the department has been developed and is continually updated.
- Government-wide directives on sustainable development initiatives, such as recycling papers and toner cartridges, are continually enforced.
- Staff are involved in the procurement of stationary products and are continually encouraged to select "Green" products whenever possible.

### **15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION**

To meet the intent of this goal, Manitoba Health has established actions to protect the health and environment of Manitobans from possible adverse effects of their operations and activities, as well as providing a safe and healthy working environment for staff.

#### **HIGHLIGHTS:**

- Smoking by staff in government buildings and vehicles is prohibited.
- Air quality in work places is continually monitored.

### **16. REDUCTION OF FOSSIL FUEL EMISSIONS**

To meet the intent of this goal, Manitoba Health needs to reduce fossil fuel emission of its operations and activities.

#### **HIGHLIGHTS:**

- Encourage staff to participate in the "Commuter Challenge" initiative aimed at promoting alternate means to commute to work and help reduce gas emissions through cycling, walking, rollerblading, taking the bus or carpooling. Promotion efforts are targeted to Manitoba Health staff on ways individuals can contribute to the efforts against climate change.

### **17. RESOURCE CONSERVATION**

To meet the intent of this goal, Manitoba Health needs to reduce consumption of resources in a sustainable and environmentally friendly manner.

#### **HIGHLIGHTS:**

**Capital Planning:** work with Manitoba Hydro to ensure that facility construction projects meet standards for energy efficiency and are Power Smart. The main objective is to achieve Power Smart designation to communities and health centres.

### **18. COMMUNITY ECONOMIC DEVELOPMENT**

To meet the intent of this goal, Manitoba Health would need to ensure that procurement practices foster and sustain community economic development.